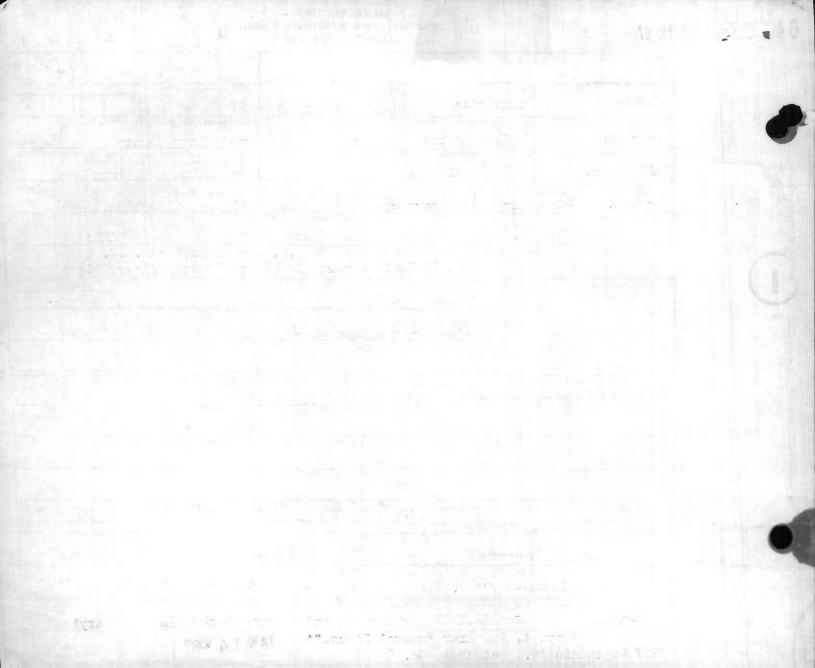
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PHYSICIAN DIRECTOR PHYSICIAN 220 PILL CTAN'S, NAME (TYPE OR PRINT) 22e ADDRESS ld be MPORT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWY 1/20/87 Twin Hills Mem. Park Burial Muncy Lycoming 24. FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

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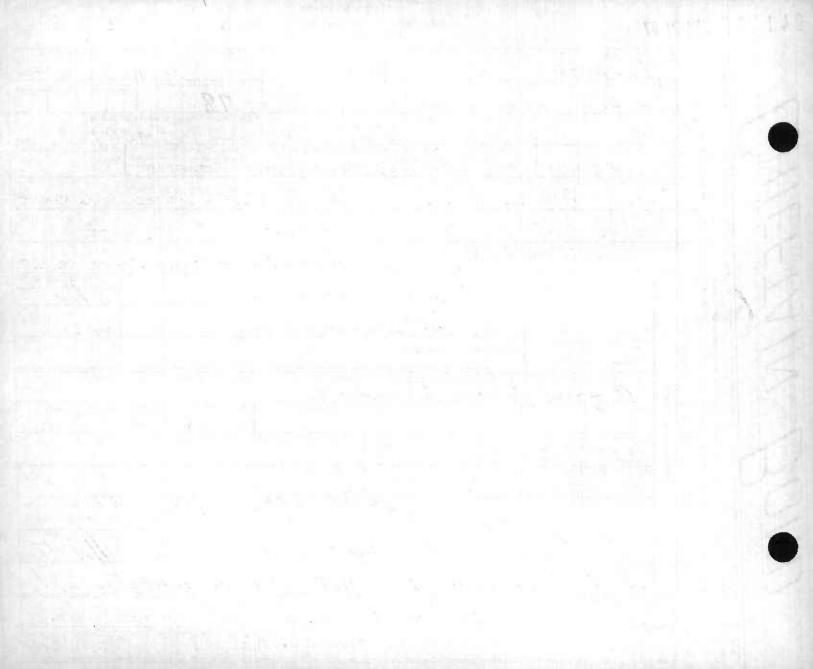
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER TYEAR

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DHMH - 16 60M 7/84



STATE OF MARYLAND

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- REGISTRAR

Bollin Janet Wickham/niece/3228 Powdermill Road Aldelphi, Md APPROXIMATE INTERVAL Conjective Heart Failure 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY and that in (my) (our) opinion death occurred on the date and have and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN F Lincoln Memoria 24 FUNERAL DIRECTOR John T. Rhines Co., 3015 12th St. N.E., D.C. 20017 DHMH - 16 60M 7/84 lia Devidorn Randall (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

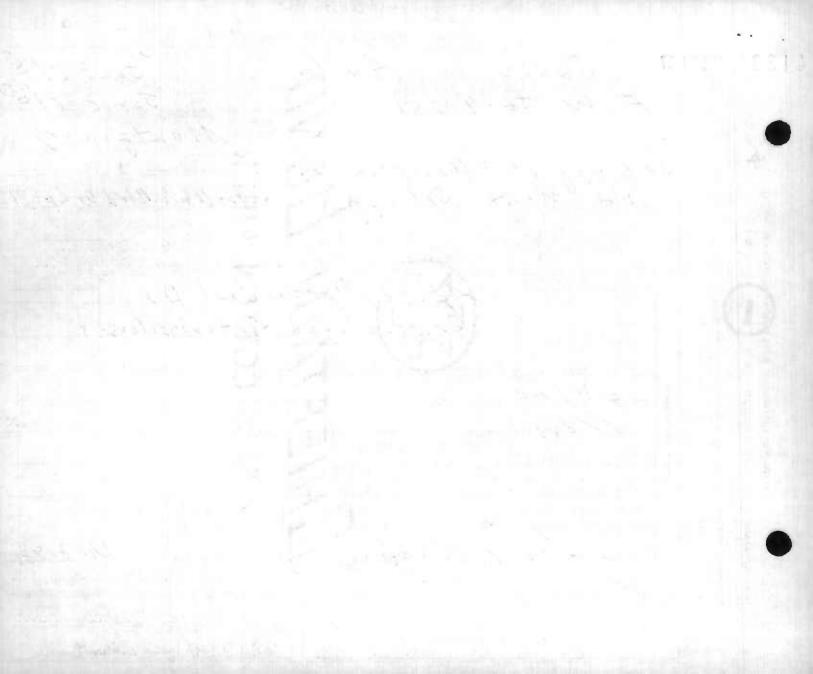
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STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH OF ESTI-DEATH MATED 5. DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT Je BIRTHPLACE MARRIED NEVER MARRIED U.S.A. S. Carolina WIDOWED DE DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Receptionist Host Farms Da STATE 13d. INSIDE CITY LIMITS? Mary Lydia Edwards Myers 17. INFORMANT SON 803 Bonifant Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-03-7203 Oscar H. Plunkett Silver Spring, Md. 20904 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c) BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 2165clevers gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO DX 21a, EXPERNAL CAUSE WAS 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M THE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection . 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted from: Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd, Silver Spring, Md. XAME S NAME TYPE OF PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Burial Jan. 12. 1987 National Memorial Park Falls Church Fairfax Virginia G7/384 25M Francis J. Collins, Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blud. West. Silver Spring. Md. Julia Dender



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S BEGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) NTNA Kav ARRINGTON 1/1/87 3:44am 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) December 25, 1913 Caucasian Female To. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED United States West Virginia Montgomery County. IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF Montgomery General Hospital INDUSTRY Olney U.S. Government Secretary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Silver Spring Maryland Montgomery 15101 Interlachen Drive Apt#124 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Poling Bowman Rosa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES) J. Guy Arrington Same as #13. 544-44-3863 APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATI 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Kesper adony 10 sublec ENCE OF Hypro funtifier but. lucell Conditions, if ony, which gove rise to immediate couse fol, stoting the DUE TO, OR AS A CONSEQUENCE OF 10 Days underlying couse the Donatrance PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Imomles Cyto Police ; 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET EACTORY OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from ____ osed from

[3] 19 86, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on, obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED Jamless his for Dr. Floring ATTENDING MEDICAL STAFF
PHYSICIAN IN DIRECTOR PHYSICIAN I Oliver Lawless, MD for Warren Ferris 18111 Prince Philip Drive, Olney Maryland 23a BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Cremation Jan. 2, 1987 Metropolitan Crematory Alexandria 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dividion Randales DHMH - 16 60M 7/84 .A., 7557 Wisconsin Ave., Bethesda, Maryland (VRA 15, 4)

ARREST 26.1040

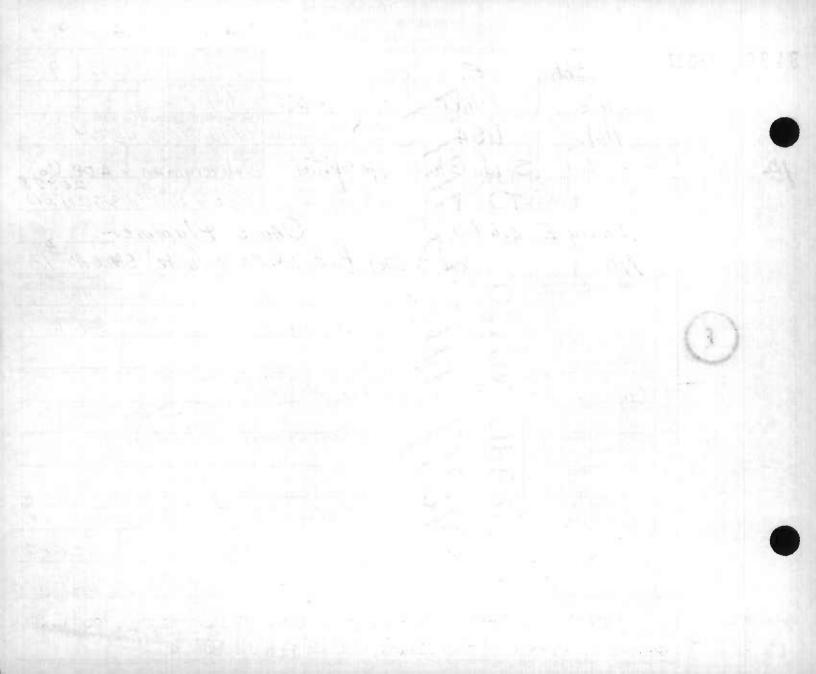
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERT REGISTRAR 1. DECEASED NAME FIRS1 TO DATE KNOWN BYE OR PRINT) OF ESTI-19 87 3 SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WIDOWED [DIVORCED m THU MD NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY CLERGY HOME OR OTHER INSTITUTION SIVE RESIDENCE BEFORE ADMISSION 13ª STATE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS IYES, NO, OR MINKNOWN (IF YES, GIVE WAR OR DATES) 2844 SHANNANDILE D.C. S.S. MU 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITHER RANDED TO THE REPORT OF THE PAGE 3 SHOULD BE USEN THE PAGE 3 SHORT OF THE PAGE YES [NO 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY JATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE WHILE CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE ERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STY. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICALEXAMINER NAME John gers Seminary Rd., S. S. Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETER 23d. LOCATION 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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George R. Snowden

STATE OF MARYLAND



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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

HMH - 16 60M 7/84

RICHARD RAPP, INC.

1804 T ST., N.W., WASHINGTON, D.C. 20009

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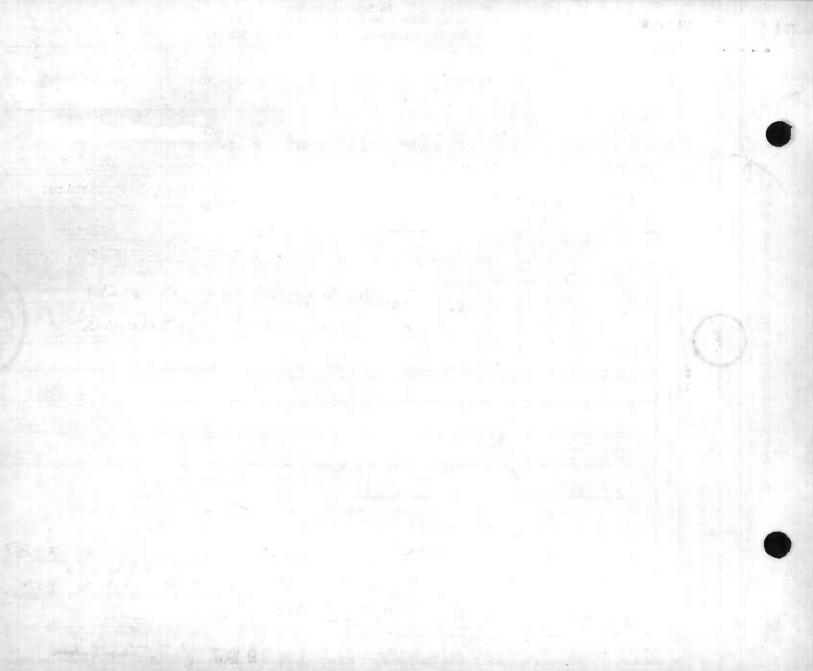
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 62405 14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO L DECEASED NAME 20 DATE KNOWN January 22,1987 LIYPE OR PRINTS OF ESTI-DEATH MATED Aulden Barrett 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 7:55 LAST BIRTHDAY) PRONOUNCED January 22, 198 April 15,1919 67 YRS DEAD Male White TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY! United States WIDOWED -DIVORCED Montgomery County Maryland Virginia 120 USUAL OCCUPATION TYPE OF WORK 112h KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFES Manufacturer Representative Suburban Hospital Bethesda President USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS2 13e STREET ADDRESS 8101 Connecticut 1136 COUNTY 13c. CITY OR TOWN NO XX Chevy Chase Montgomery Avenue N502/20815 Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Parish Norman Ward Barrett Beatrice Norma M. Barrett 8101 Connecticut Avenue N502 Chevy Chase, Maryland 20815 (Wife) 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES NO OR UNKNOWN) 577-12-5884 WW 11 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which woway. gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described obave, held on Autopsy and in my opinion Homicide Undetermined manner PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAS TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME 236. BURIAL CREMATION, REMOVAL 236 DATE January 236. NAME OF CEMETERY OF CREMATORY Cedar Hill Cemetery 23d. LOCATION Suitland, Maryland 26, 1987 Cremation 07/84 Crematory 24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes PA 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 7557 Wisconsin Avenue Bethesda, Maryland 20814



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/201	うち	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the after an interpretation and completely filled in by the funeral director, page 3 should be detached for use as the burial-transfip permit. Then pleas among the despite of the desp	with the State Dept of Health and Mental Hygiene prior to burial, crematical comments and the Manual Browning and the most be partied of one of the Manual Manual Browning and the most be partied of one of the Manual Manual Browning and the most be partied of one of the Manual Manua

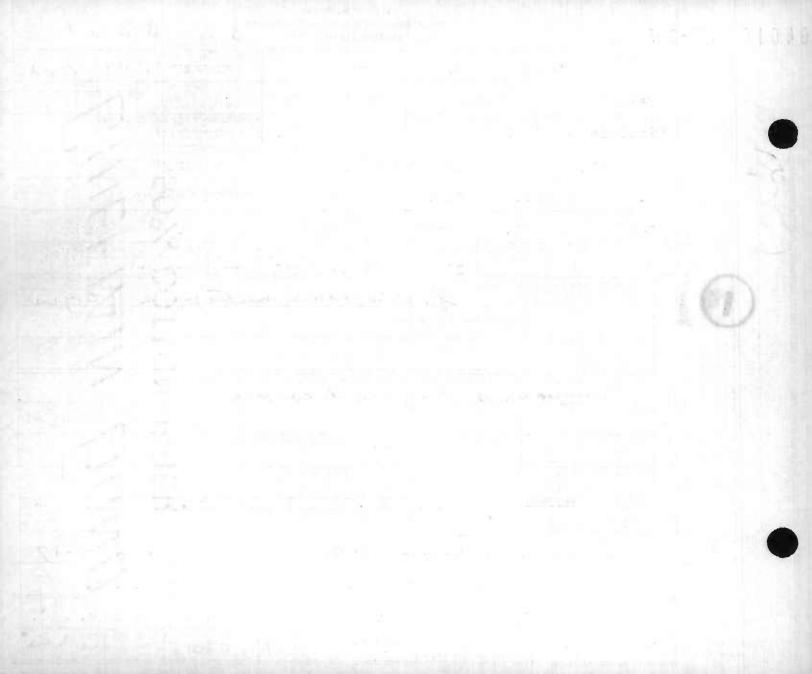
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR BTSTATE REGISTRAR			NT OF HEALTH A	ND MENTAL HYG OF DEATH	SIENE 8 / REG. N	0	2 2	7	3
	I. DECEASED NAME FIRST (TYPE OR PRINT)	iomas	G.	Barry		20. DATE OF DEATH January		987	26 HOUR	AM
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10	USUAL RESIDENCE (IF NURSING HOL 13 STATE		3c. SITY SR TOWN		DE CITY LIMITS?	131STREET ADDRESS	ZIES	Road	209	04
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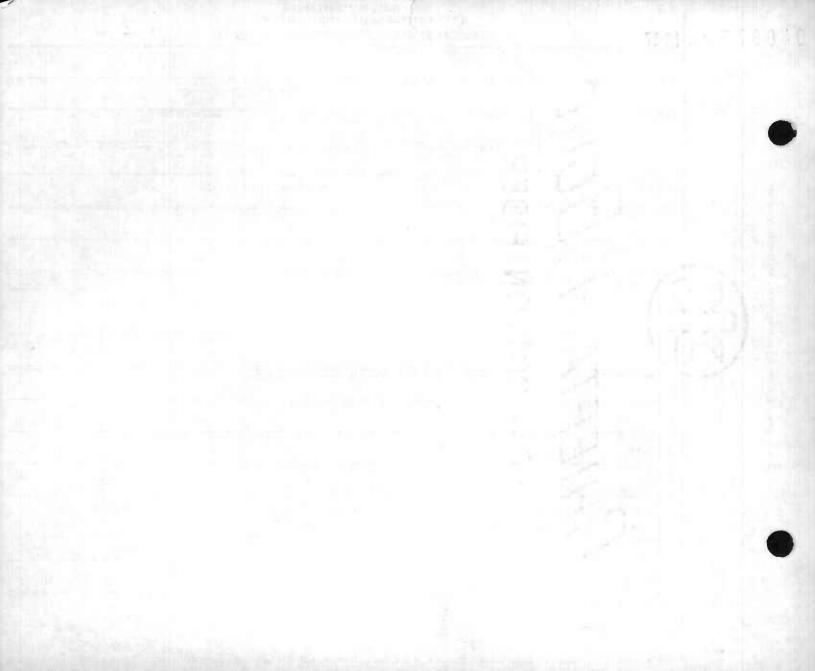
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME O. DATE KNOWN MONTH (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BETHED, WITHIN 72 HOURS IT RECORDS, 20 W. PRESTON STREET, ESTI-DEATH MATED XX 19 87 Frederick Bass 1-54 RACE DATE OF BIRTH 4. AGE IN YEARS IF UNDER 1 YR. MONTH IF UNDER 24 HRS DATE :48 VEAD LAST BIRTHDAY) PRONOUNCED 1987 DEAD a. M White Nov. 15, 1962 24 YRS Male TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO FOREIGN COUNTRY Maryland United States WIDOWED DIVORCED Montgomery County, ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY rear of Glenmont Shopping Center Wheaton Unemployed None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [NO K 16520 Batson Road Marvland Montgomery Spencerville 20868 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST LAST MIDDLE LAST A VA Fred Bass Lucille Grace Harris 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 8901 Centerway Road RANSIT PERMIT, PAGES I TYES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! Fr. William Stock, Gaithersburg, MD 20879 Unavailable APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Fatty Liver HIEF MEDICALE TRANSITATION USED AS A BURIAL - TRANSITATION OF HEALTH AND MENTAL HYGIEN OF HEALTH AND OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Alcoholism gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION SHOULD BE USED A 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 210 PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK MARYLAND 220 I certify that I took charge of the remains described obave, held an Autopsy Inspection Inquiry and in my opinian ER DEATH, WITH THE death resulted from Natural causes Homicide Undetermined manner THE (SPECIFY) DATE Assistant 1-6-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE Cremation 1-8-87 Metropolitan Crematory 07/B4 BP Alexandria, Virginia 24 FUNERAL DIRECTOR Richard Rapp Inc. 25AA 250. DATE REC'D. BY REGISTRAR 1256-REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 1804 T Street, NW, Washington, DC 20009



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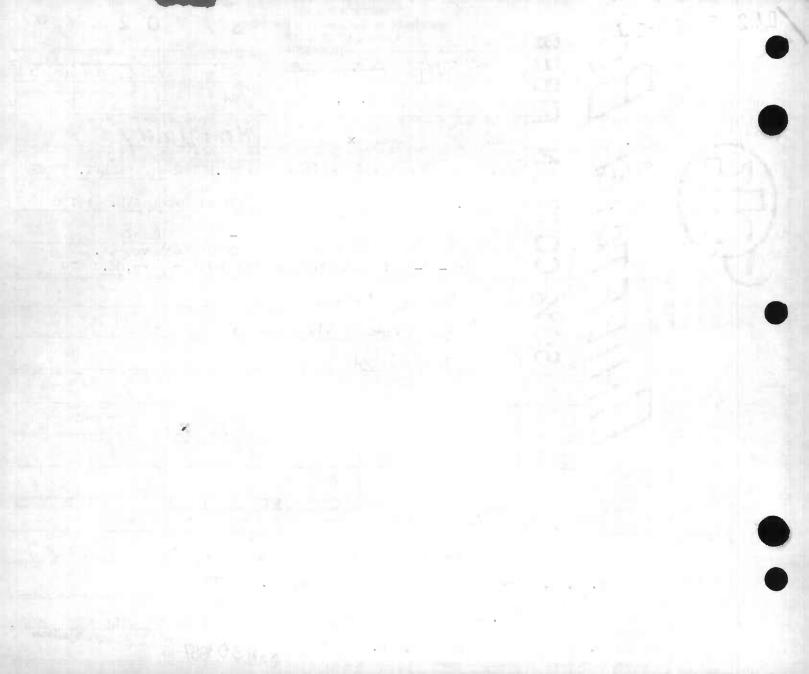
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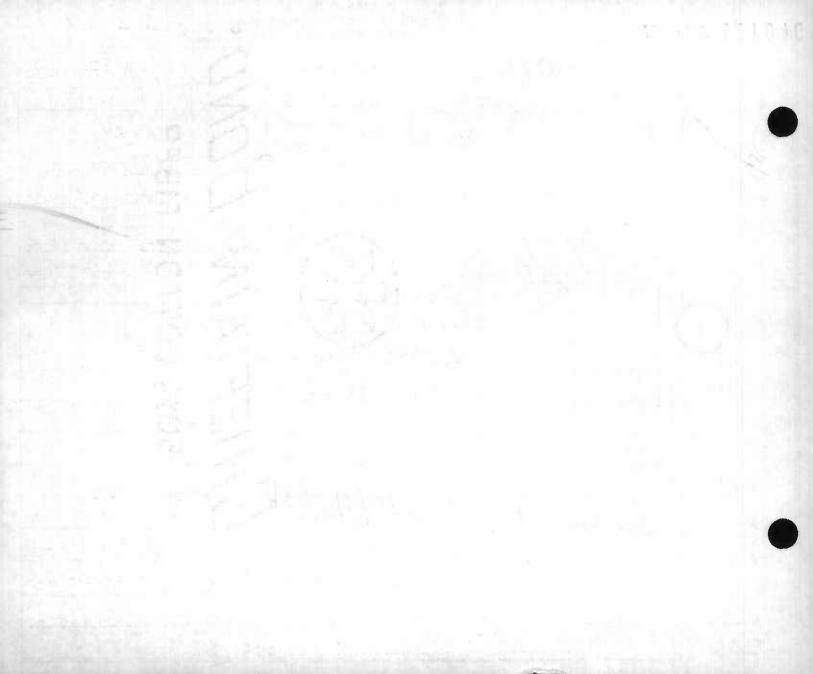
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	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 0
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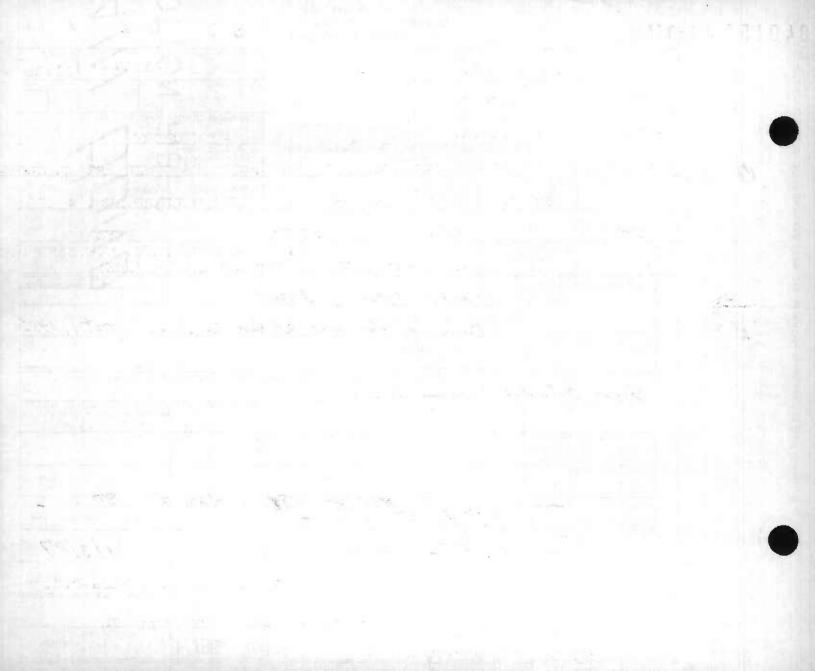
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FRANCIS J. COLLINS, I. SOO OFFW.

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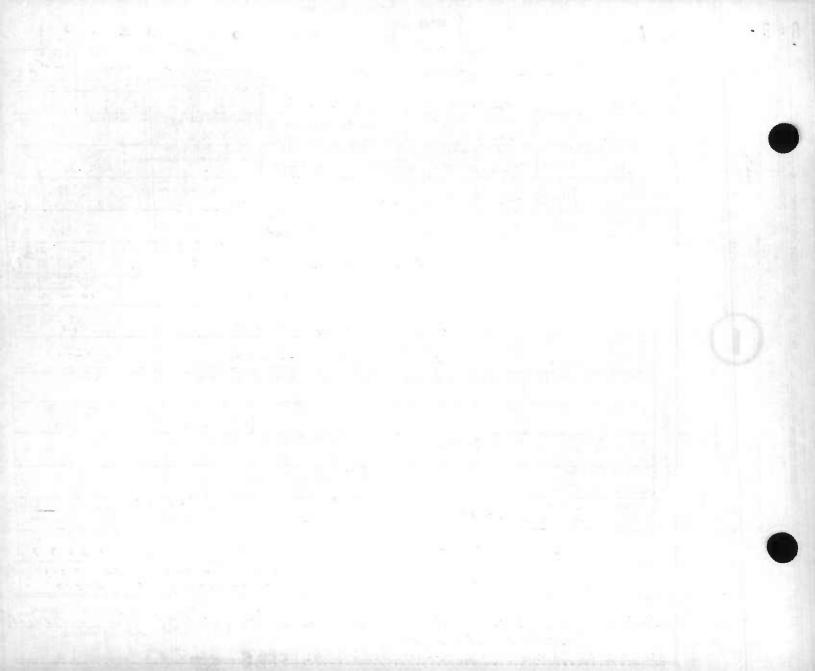
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	A PART OF TAXABLE STATES			224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS			
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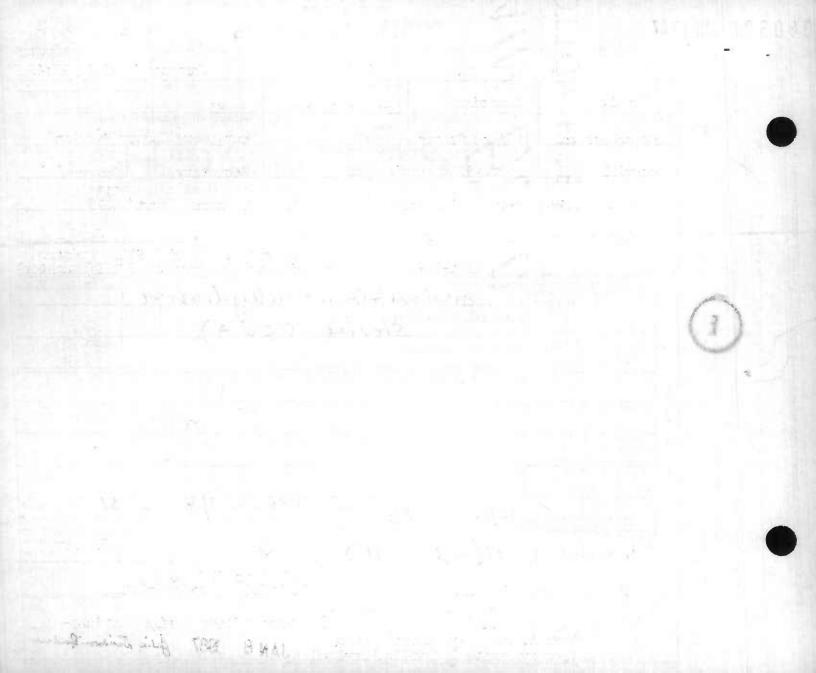


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26. HOUR 20 DATE OF DEATH DECEASED NAME FIRST Frances MONTH Bezdek LTYPE OR PRINTS 6: Cances M. & AGE LIN YEARS LAST BIRTHDAYL S DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HRS SEX MONTH YEAR Female WHITE W 08 12 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Pennsylvania WIDOWEDER DIVORCED [United States Montgomery County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda Grosvenor Health Care Center Bookkeeper Oil Company USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13g STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES | NO X 5002 White Flint Drive / 20895 Maryland Montgomery Kensington 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST Williamson Thomas McNeil, Jr. Mary Frances 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ALTIMORE, IYES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST Barbara F. Lowerv. 578-12-3332 Same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Cardio Respiratory PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF EAST Broucho Preuman Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONCINON PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF CERTI YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE June 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive on 1 - 2 soon obove, (I) (we) (did) (due tot) view the bady after death and that in (my) (opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 22h SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL uld be deta 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MO0 IMPORT/ 8218 WISCONSIN -)0 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23h DATE CITY OF TOWN STATE Metropolitan Crematory BP 1 - 30 - 87Cremation Alexandria. Virginia 25. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Richard Rapp, Inc DHMH - 16 50M 4/82 1804 T Street, NW, Washington, DC Desiden D. A. S. (VRA 15, 4) 20009

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500 University Blud, West, Silver Spring, Md.





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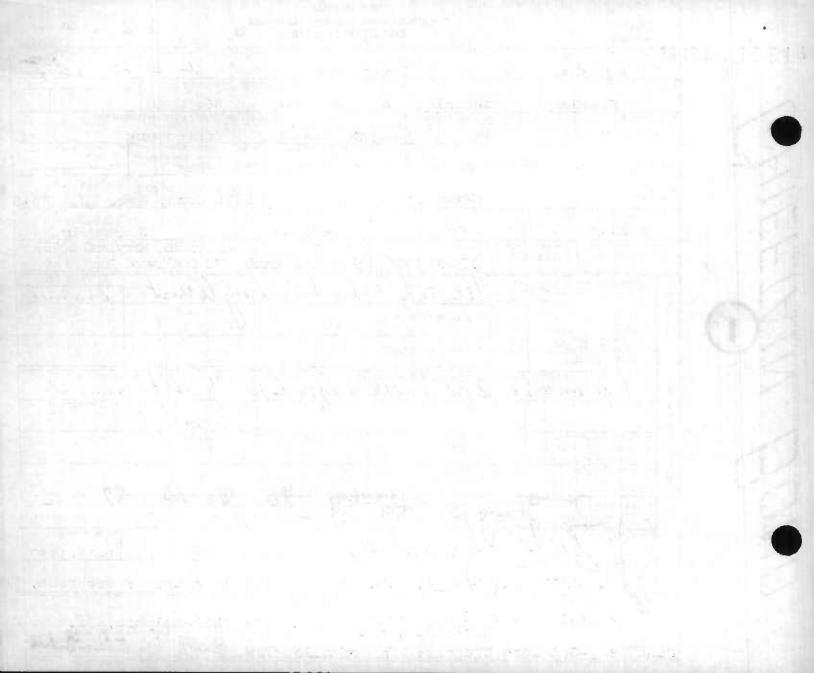
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR January 19, 1987 11:55a, SANDRA BLECHER DIANE 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH Oct. 14, 1938 Female White To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Pennsylvania Montgomery County, WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Spec. Events Coordi.; Natl. Build. Silver Spring HOLY CROSS HOSPITAL 3 Saddlebrook Court (20906) Maryland Silver Spring Montgamery FATHER'S NAME IS MOTHER'S MAIDEN NAME Kashoff Beatrice Leonard Cohen ADDRSilver Spring, Md. 2090 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 183-30-9742 Sheldon Blecher: Husband: 3 Saddlebrook Ct.; 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY month DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) this hospital) oftended the deceased Iram. and that in (my) (Our) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan. 19, 1987 MUND BASS 3929 Ferrara Drive; Wheaton, Maryland 20906 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Buria1 1/20/87 Judean Memorial Gardens; Olney; Montgomery; Maryland 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE Julia Devideon Randaca DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md . 20852 (VRA 15, 4)

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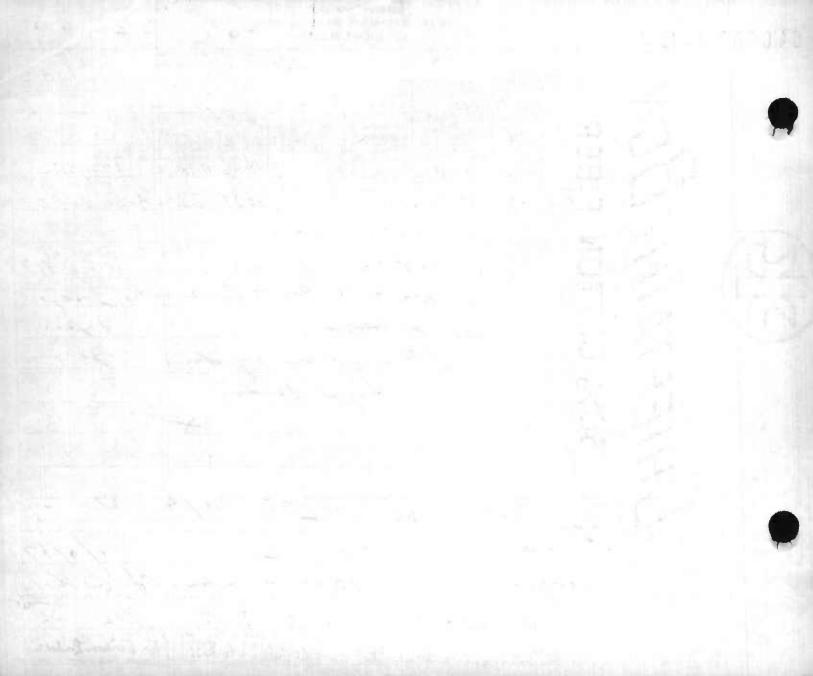
STATE OF MARYLAND

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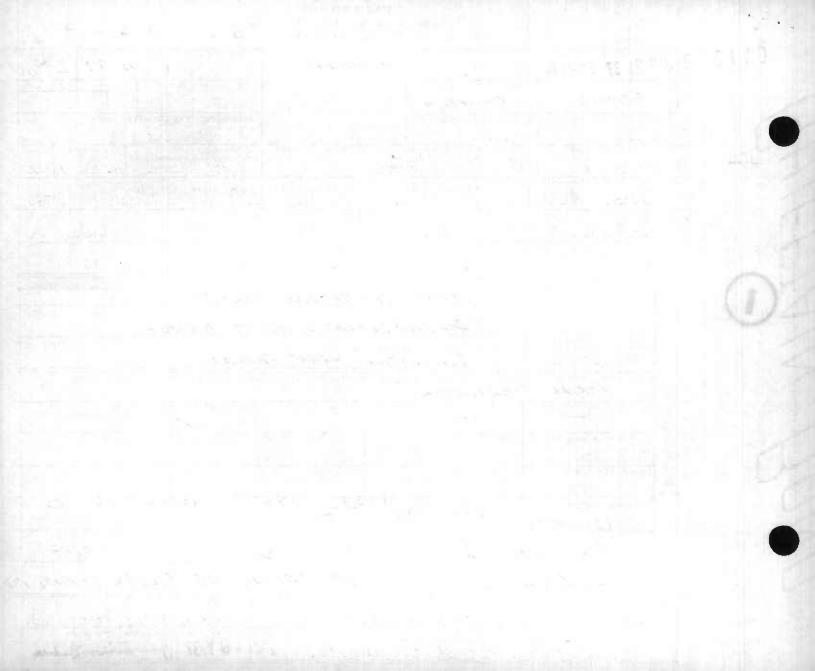
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUS 1-12 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE IF UNDER 24 HRS 00 Female Caucasian 86 JE BIRTHPLACE INTO CHAORIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania WIDOWEDXX DIVORCED [Montgomery 8. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chevy Chase Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) N. COUNTY 13e.STREET ADDRESS / ZIP CODE Washington 5420 Conn. Ave. NW, 20015 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Isidor Green Rebecca Weinsweig Rock Tile, Maryland 20850 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 165-05-8968 Alan M. Spector; 613 Smallwood Road IL CAUSE OF DEATH (Enter only one course per Vice for rot, this and PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate couse (a), stating the DUE TO: OR AS A CONSEQUENCE OF ART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS OVER-IN PART 1 in 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 786. IF YES, WERE FINDINGS USED 36n AUTOPSY NO . THE ACCEPTATION AS UNDERLYING 716 TIME OF INJURY THE HOW INJURY OCCURRED (INVENTION OF INJURY IN THE 14 PART I OR PART I) HOUR A.M. MONTH DAY ON CONTRIBUTING TO CAUSE OF DEATH 19 (# BENER, NOTEY MEDICAL EXAMPLE) TH LOCATION 214 INJURY OCCURRED 71s PLACE OF INJURY DIFF-OR TOWN COUNTY AT HOME STREET, FACTORS OFFICE FARM, ETC.) 27a.1 certify that IT (this base to attended the deceased from vi Musicalnian death of Juried on the date and hour and from the couses stated The DATE SIGNED ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN -13 - 1987FITZGERALD, M.D. 8218 Wisconsin Avenue ; Bethesda, Md 73a BUTIAL CREMATION REMOVAL 23h DATE 23r. NAME OF CEMETERY OR CREMATORY 1-16-1987 Burial Roosevelt Mem Park Philadelphia Rockville, Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Danzansky-Goldberg Chapels: 1170 Rockville Piken 1 (VRA 15, 4)

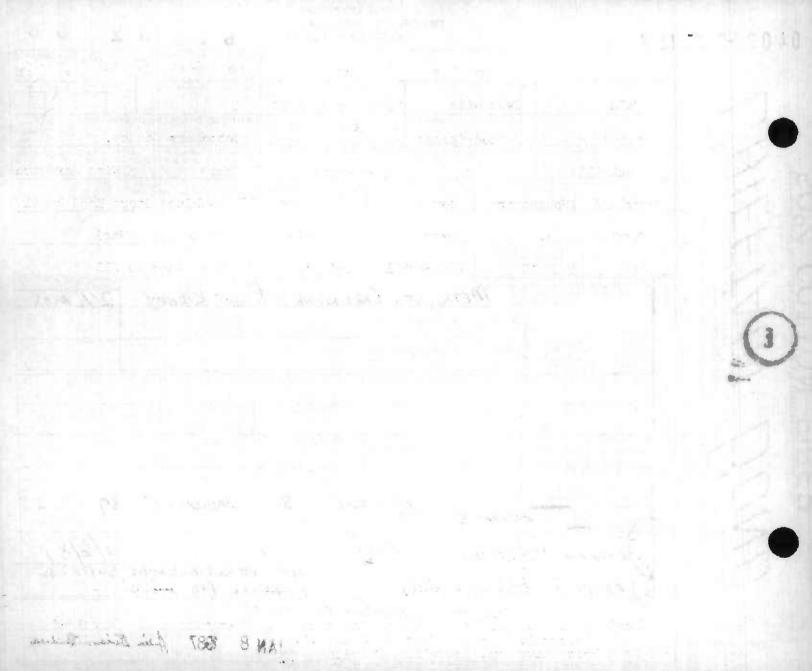


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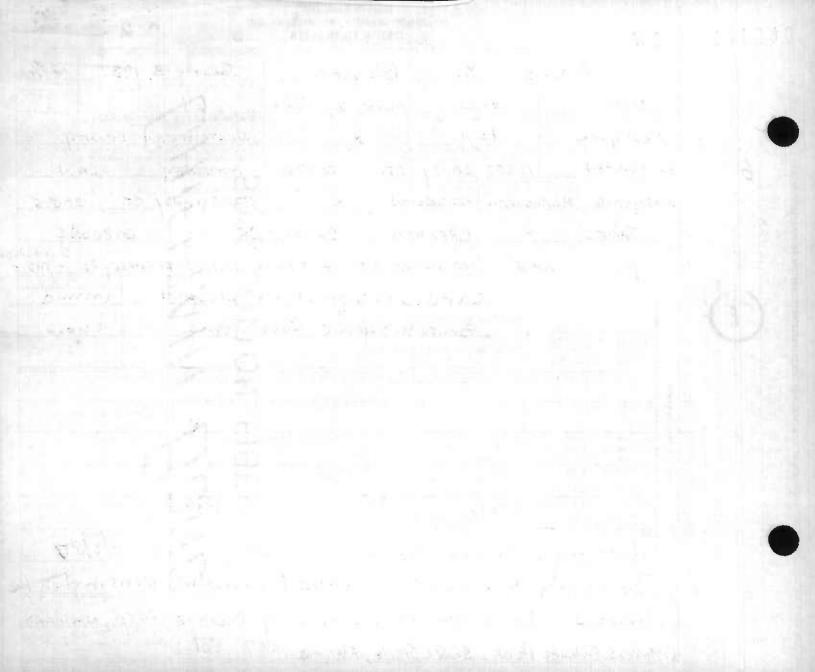


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 10 m 6. AGE (IN YEARS LASE BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MRS YEAR. 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MANTGOMBRY Louisiana DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Art Work Restorer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20879 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Gaithersburg Montgomery Maryland 19310 Club House Rd. Apt. 311 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Valdez Bernhardt J. Bremerman Anna 17. INFORMANT 6100 Westchester Park Drive. Apt. 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Gloria M. Forehand, 305, College Pk, Md. 081-07-1363 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PNEVMONIA PNEUMOCOCCAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from JAN = saw the deceased alive an_ , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL TO FUNERAL I should be deta with the State I DIRECTOR PHYSICIAN [22s, ADDRESS MEDICAL CENTER MICHAEL ANCHORS SUITE 103 ROCKVILL 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236, DATE 23d LOCATION Brentwood, P.G., Maryland Burial 1 - 09 - 87Ft. Lincoln Cemetery BP FRANCISEGASCH'S SONS FUNERAL HOME, P.A. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. DATE REC'D. DHMH - 16 50M 4/82 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4) Tindin P. L.

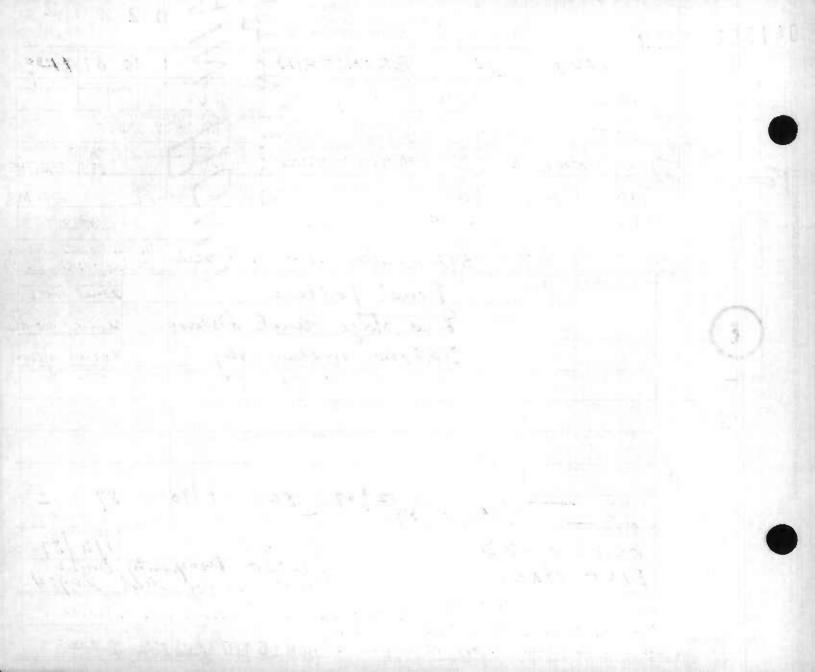
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 70 DATE OF DEATH 76 HOUR 500 Veronica Hyacinth Bremerman 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR Vhite emale 07 To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH IEVER MARRIED MARRIED COUNTRY MONTGOMERY Louisiana WIDOWEDKK DIVORCED 176 KIND OF BUSINESS OR GROVE egal Secretary Law Offices 13. STREET ADDRESS / ZIP CODE (Village House) 13a. STATE 19310 CLUS HOUSERA, 20879 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Francious Thaller Martha Kaltenbacher 166. SOCIAL SECURITY NO. 17 INFORMANT 6100 Westchester Park Drive #305 No 069-01-1082 Gloria M. Forehand, College Park, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REFISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) DAVID BRONSTEIN 0 2. SEX 4 RACE 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) YEAR IN HITE To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED DI NEVER MARRIED MONTGOMERY COUNTY USA WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KD LOTSE BUSINESS OR WASHINGTON ADVENTIST HOSPITAL MANAGER DISTRIBUTING 13c, CITY OR TOWN 13e STREET ADDRESS / ZIP COE 13d INSIDE CITY LIMITS? 20753 ATTSUILLE NO | 15. MOTHER'S MAIDEN NAME BRONSTEIN MIDDLE MIDDLE SAKOLSKI DURA 17. INFORMANT North Country Road 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Richard D. Bronstein, Wading River, N. y. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line lar (a) (b), and ic).
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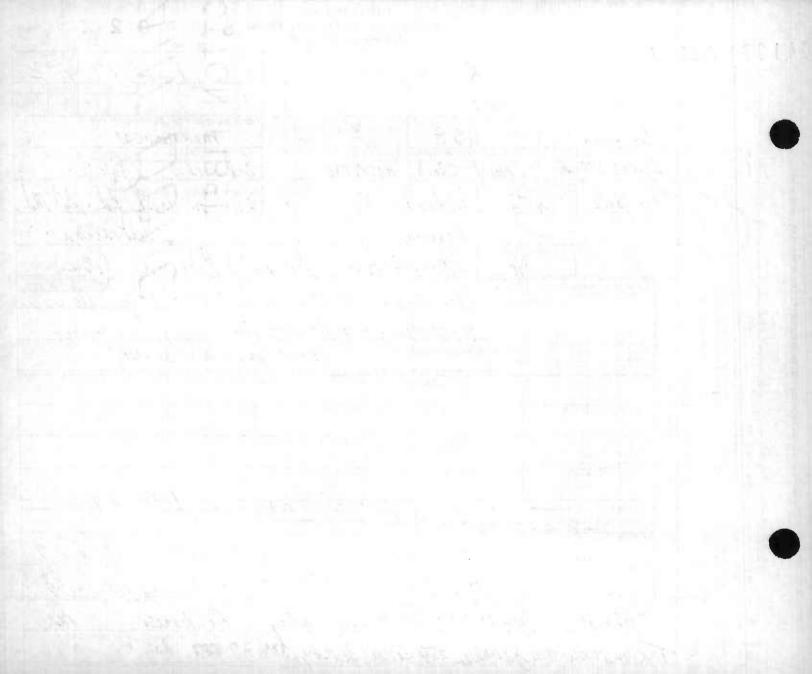
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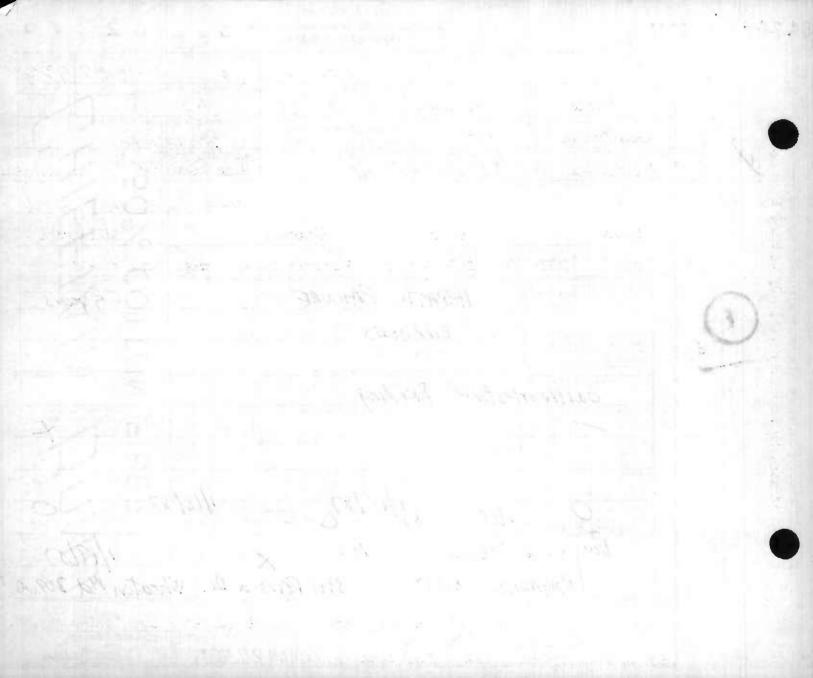
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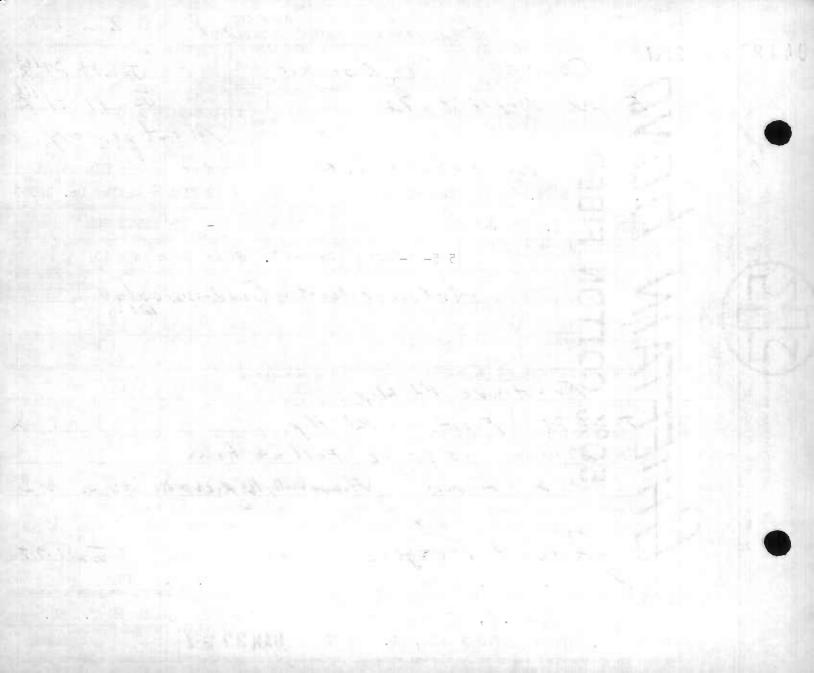


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOU! 150 (TYPE OR PRINT) Donald J. Buchek, Sr. S. DATE OF BIRTH 4. RACE 3. SEX 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Tale aucasian BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED Pennsylvania DIVORCED 10. CITY OR TOWN OF DEATH Securetar Afterm 126. KIND OF BUSINESS OR Examin Nat L. Det. Agen Vice President NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13e.STREET.ADDRESS / ZIP CODE mon 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Medical MIDDLE MIDDLE Victoria Buchek Sillatycki Louis 166 SOCIAL SECURITY NO **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 205-24-0833 Annamary Buchek wife same as #13 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: AILURE UKars IMMEDIATE CAUSE (o 6, OR AS A CONSEQUENCE OF MINHOSIS Canditions, if any, which immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH po HE FITHER NOTHEY MEDICAL EXAMINERS P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) this hospital) attended the deceased frai and that if (my) (aur) opinion death accurred on the date and have and from the causes stated 22h SIGNATH DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S should be 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Jan. 22, 1987 Gate of Heaven Cemetery Silver Spring, Montgomery, Md. Burial 24 FUNERAL DIRECTOR Francis J. Collins, DR. Ir. DHMH - 16 60M 7/B4 (VRA 15, 4) 500 University Blvd. West. Silver Spring. Md.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR BUERKLE CARRIE MIDDLE DECEASED NAME 20. DATE KNOWN DE MONTH OF ESTI-6 AGE9 ZEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF 7ª BIRTHPLACE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED OREIGN COUNTRY) USA Kansas WIDOWED X DIVORCED ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Education Teacher AL RESIDENCE (IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDE Mont. Rockville | 13d INSIDE CITY LIMITS? | 13d STREET 200855S | YES | NO [X] | 441 2 Flower Valley Dr. 20853 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PETERSON LAST ALVINA **JOHNSON** JOHN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS Jeanne I. Webber Same as # 13 515-22-6521 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) sclasotic Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20 AUTOPSY? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BATIMORE, MARYDAND, 21201 22a I certify that I toak charge of the remains described above, held an Autopsy Inspection . and in my opinion Accident X Suicide Hamicide ___ Undetermined monner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Dr. John S. Rogers Silver Spring, Md. 20901 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY MD. MONT. SILVER SPRING GATE OF HEAVEN JAN. 20, 1987 BURIAL 07/84 BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR MURIEL H. BARBER LAYTONSVILLE, MD. DHMH - 17 20879 (VR A15 ME (5))



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Olin L. Molesworth, P.A., Damascus, Md.

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE D-STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) OF ESTI-1/2 Dorothy 1987 Burger Jean 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED White MAR.27, 1925 61 YRS Female DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. OHIO WIDOWED Montgomery County DIVORCED IO CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS OR INDUSTRY Rockville 5 Drake Court COMPUTER ANALYST U.S. GOV'T. 9 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville 5 Drake Court Montgomery 20853 Maryland NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST FORREST FOSTER Ruth M. Breidenbach 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION TYES NO OR LINKNOWN NO 284-20-5127 (SAME AS ITEM RUDOLPH BURGER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which carcinoma of the breast. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIA FIEALTH AND A IAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. II CERTIFICATION None 19a. DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED' 20 AUTOPSY? FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPKRTME AND, 21201 PRIOR TO BE None YES 🗌 NO X 21a. EXTERNAL CAUSE WAS 716 TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 216 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR IT OF FUNERAL DIRECTOR: PAGE A FITER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 1/2/87 DATE Deputy SIGNAT 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Glen Haven Memorial BURIAL 1-5-1987 Garden Clark Co.. 07/84 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** 1987 (VR A15 ME (5)) W. CHAMBERS CO. INC. SILVER SPRING . Md.

STATE OF MARYLAND

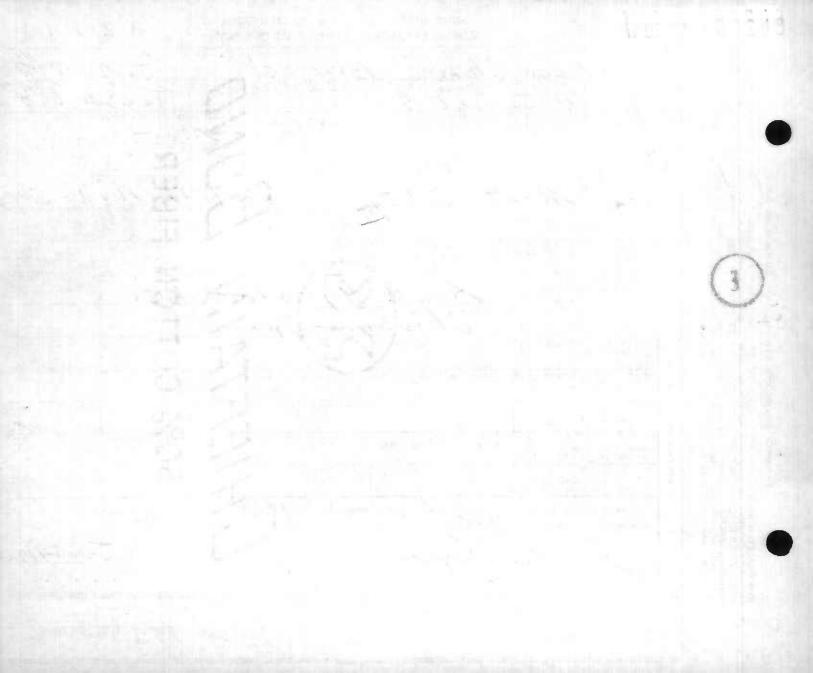
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25M DHMH - 17 (VR A15 ME (5))	24 F	uneral DIRECTOR Limes/Rinaldi	11800 OFFEN	ew Hamp	Ave.S	S.S. ZSO. DATE RE	2 8 1987 REGISTRAR 2	REGISTRAR'S	SIGNATURE	(California)



TOTAL STATE OF THE CHINE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

234 NAME OF CEMETERY OR CREMATORY

Mt. Nebo Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Danzansky-Goldberg Memorial Chapels 1170 Rockville Pike; Rockville, Md. 20852

1/11/87

230 BURIAL, CREMATION, REMOVAL

Burial

Miami, 250. DATE REC'D. BY REGISTRAR 255 REGISTRATES SIGNATURE dece

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22c. DATE/SIGNED

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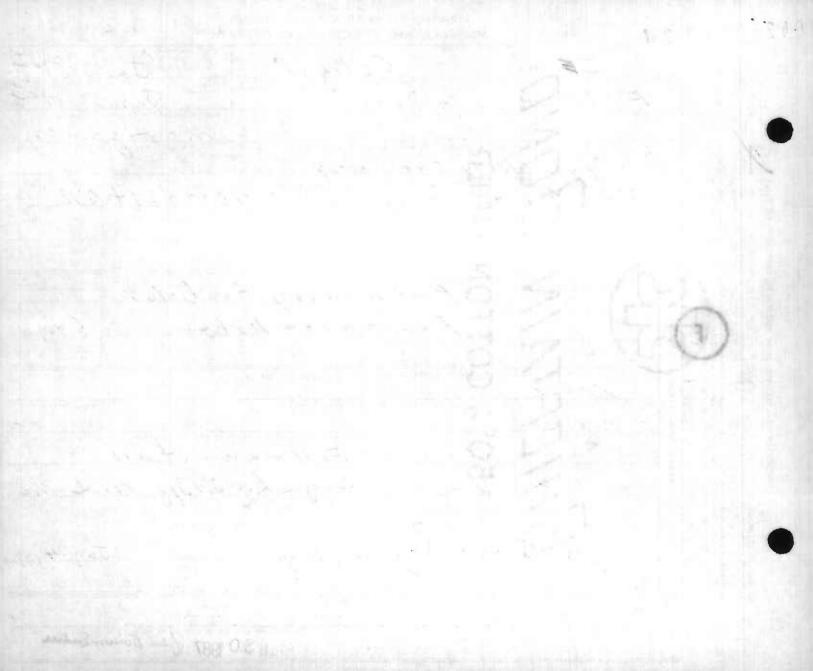
BETWEEN ONSET AND DEATH

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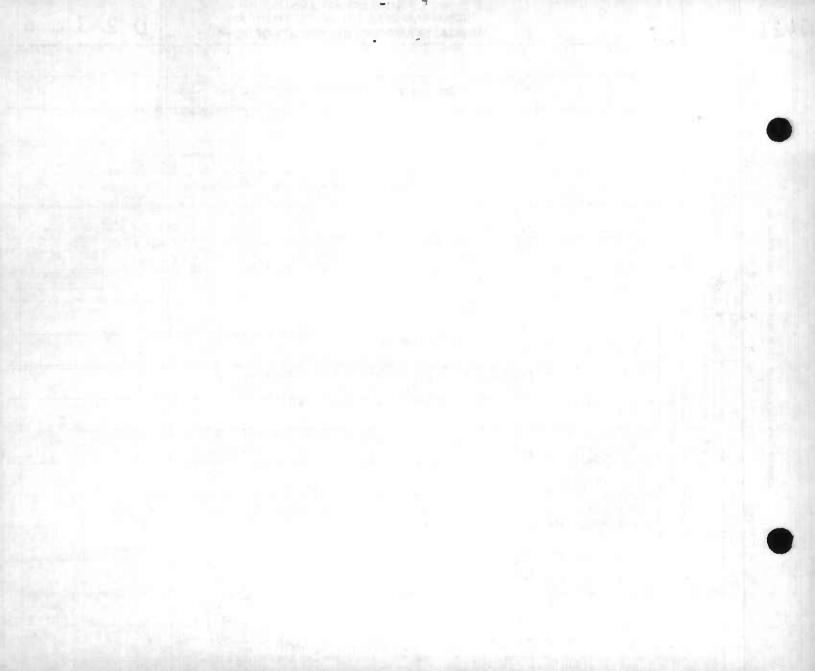
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 042496 FEB - 2 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME a DATE KNOWN DO MONTH LIVE OR PRINT OF ESTI-DEATH MATED 3. SEX DATE OF BIRTH & AGE (IN YEAR! IF LINDER 24 HRS. DATE PRONOUNCED DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED XX ITALY DIVORCED 12h KIND OF BUSINESS O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HOUSEWIFE HOME 13d INSIDE CITY LIMITS? 13a STATE 13e STREET ADDRESS Wheaton YES . 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST CAROLINE BARLETTA MORRELL1 DOMENIC 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO. OR UNKNOWN) LIE VES CIVE WAR OR DATES! NONE 217-46-9002 JANE C.FIORENTINO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A (IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO DO YES 210 EXPERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING A OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held on Inspection and in my apinian Suicide death resulted from: Natural causes Accident Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, M _MEDICAL EXAMINER SIGNATURE EXAMINED'S NAME (TYPE OF PRINT) John S. Rogers, M.D. 1919 Seminary Rd., Silver Spring, Md. ADDRESS 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY WASHINGTON 07/B4 BURTAL .MARY'SCMETERY BP 25) REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** "UNIVESITY BULD. (VR A15 ME (5))



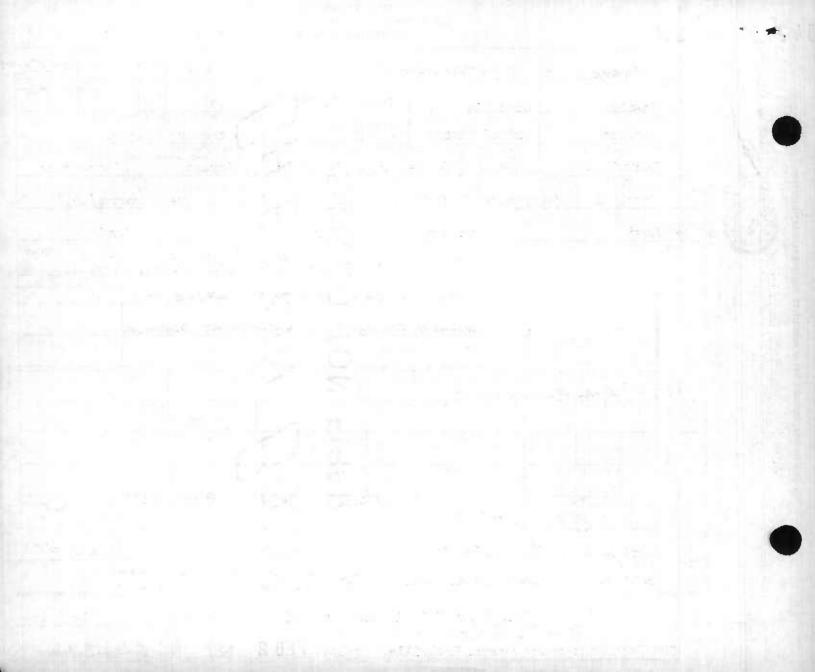
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME LAST MIDDLE 20 DATE OF DEATH MONTH CARTWRIGHT MARFE I. RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER 1 YEAR HINOM 1900 June 86 Female Caucasian TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Marvland United States WIDOWED Montgomery County, IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Waitress Restaurant BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery Rockville Maryland 601 Anderson Avenue/20850 YES X NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Levi Cochran Sarah Lewis ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 20877 13 Montgomery Avenue I YES. NO OR UNKNOWN) Ruth B. Wilson, Gaithersburg, Maryland No 577-28-8773D 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIR ATOR IMMEDIATE CAUSE (a) CARO (O DUF TO, OR AS A CONSEQUENCE OF VASCULAR DINESSE ATHEROSCA EROTIC Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq ed DIVISION OF VITAL RECORDS, CERTIFICATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOLX NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from saw the deceased alive an (my) (pur) apinian death accurred an the date and haur and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [224 PHYSICIAN'S NAME (TYPE OF PRINT) with the 0 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION I SPEC (FY) CITY OR TOWN COUNTY Burial Jan. 30,1987 Arlington National Arlington Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 300 West Montgomery Avenue Rockville, Maryland FEB 2 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH OF ESTI-DEATH MATED (TYPE OR PRINT) 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS SEX DATE DAY LAST BIRTHDAY PRONOUNCED DEAD In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) Cuba. USA WIDOWED [DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Salesman USUAL RESIDENCE (IF IN NU ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Raul Castillo. Delahoya Saborin Sophia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1944-47 Yes 264-34-8129 Helena Sherman Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DARE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES [] NOT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM FTC) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FURN TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE S' BALLIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Inspection death resulted fram Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 1919 Seminary Road Silver TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY Jan. 15, 1987 Metropolitan Crematory Alexandria Virginia Cremation DHMH-17 20M 1/73 24 FUNERAL DIRECTOR Francis J. Collins, Jr. (VR A15 ME (5)) 500 University Roylevard, W. Silver Spring

STATE OF MARYLAND

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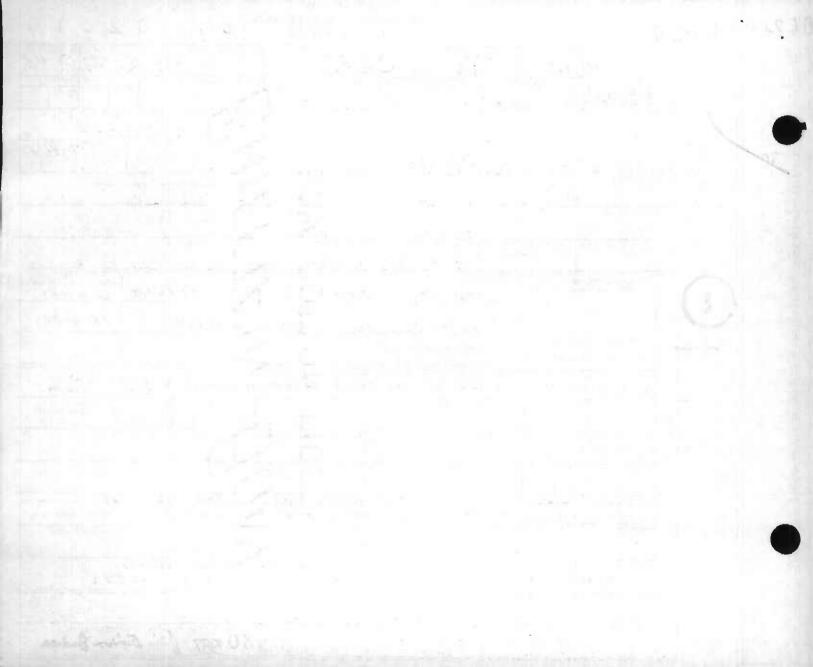
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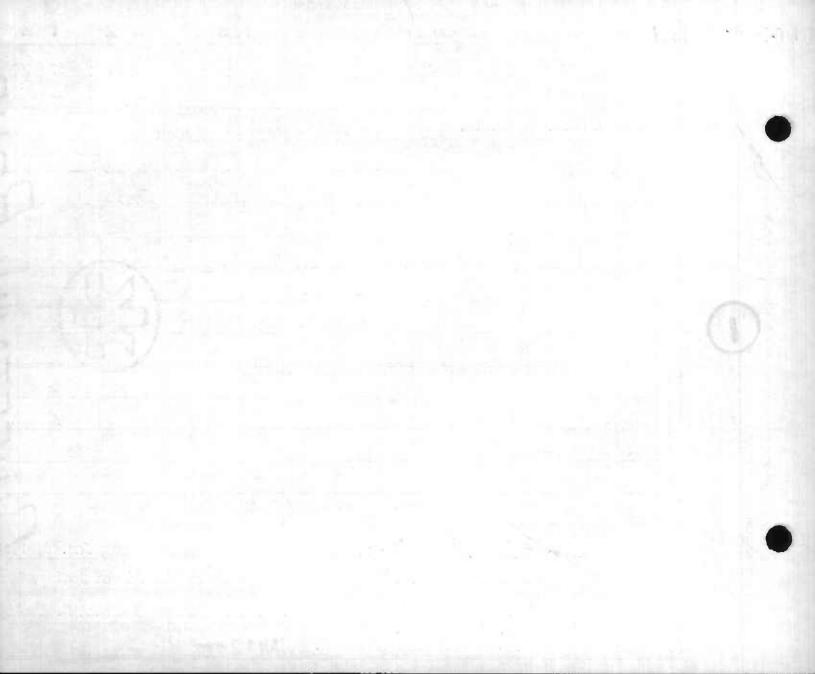
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(VRA 15, 4)	51	O Universi					na. Md	U	414 0 0 19	87	w specializary	2
			119	***								4



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-Dorothy Chadwick 9:21 □Jan. 19 87 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE Caucasian "To PRONOUNCED 7 1987 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED washington. D.C. DIVORCED Montgomery Centions of Business Silver Spring Secretary the Handicapped 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 218 Baden Street Silver Spring YES [Montgomery 20901 15. MOTHER'S MAIDEN NAME Ethel Pigott Lewis ADDRESS 577-03-7804 Henry V. Chadwick husband same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute Myocardial Dis. DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulmonary Disease Canditions, if any, which Years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. None. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection Hamicide ___ Undetermined manner TITLE (SPECIFY) DATE Jan. 8, 198 John S. Rogers, M.D. 1919 Seminary Rd., Silver Spring, MD. 30 BURIAL, CREMATION, REMOVAL 236 DATE Jan. 11. 1987 Straits United Meth. Ch. Cem. Straits Carteret N. Carolin 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 500 University Blvd. West, Silver Spring, Md. (VR A15 ME (5))

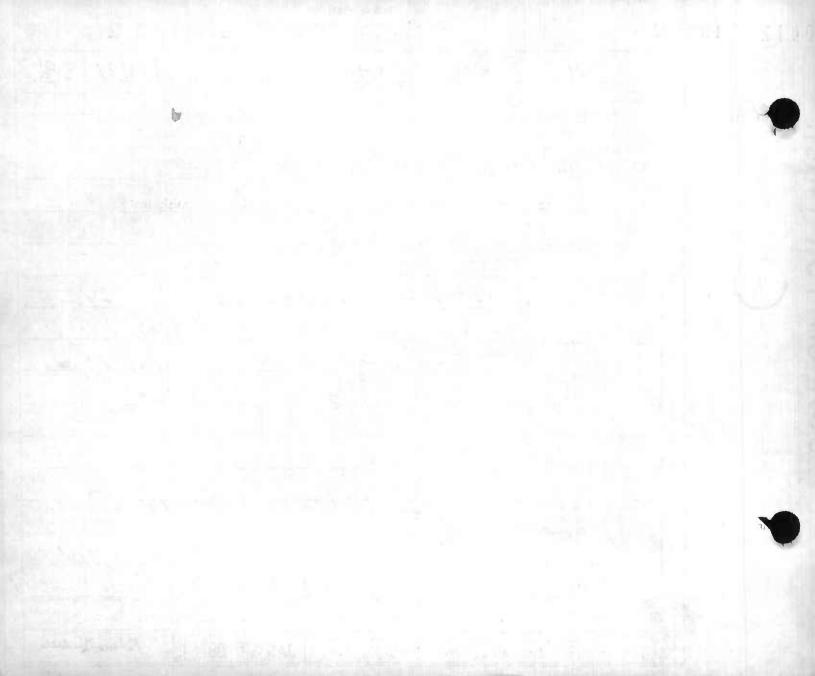


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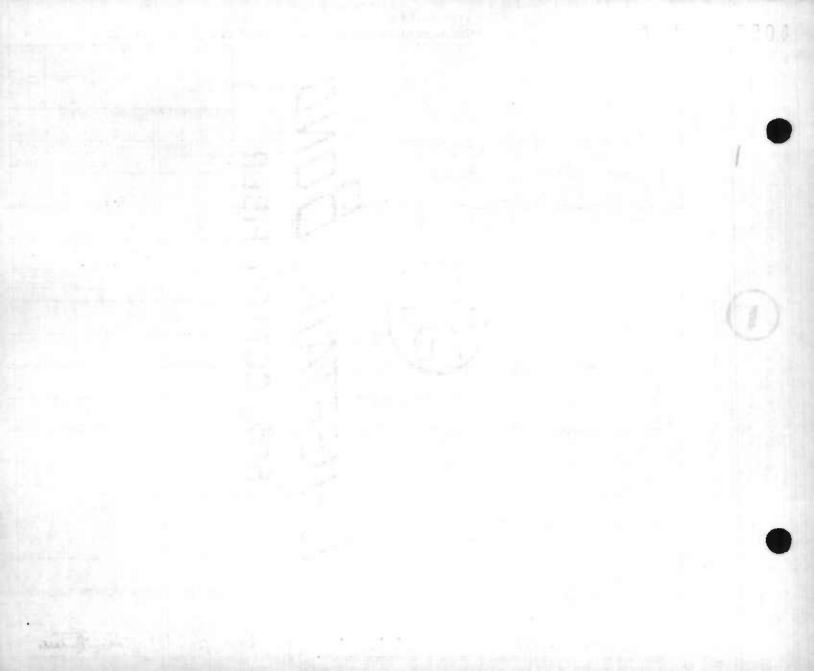
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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECISTRAR I. DECEASED NAME 20. DATE KNOWN IX MONTH (TYPE OR PRINT) OF ESTI-Sook Choi DEATH MATED Yeun 19 87 5. DATE OF BIRTH 1 948 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE GESSARY, INFRACTOR POR YOUR PRESTION STREET LAST BIRTHDAY! MONTHS PRONOUNCED 5 -1947--39-3 8yrs DEAD 10187 Female. Korean Oct. 7h CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED Korea Montgomery County, ID CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Co-Owner OR INDUSTRY

Grocery Store 13908 Northqate Dr. Silver Spring USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Silver Spring YES NO 13908 Northgate Dr. . Maryland Montgomery 20906 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Woo Young Kim Sun Sil Lee 17. INFORMANT (brother) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 11246 Eyans Beltsville, Trail T-3 N/A N/A 216-78-2893 Kon Chol Kim-18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds of Chest IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION GATE, WERTING THE WC....
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TOR, PAGE 3 SHOULD BE USED AS
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TO FUNERAL DIRECTOR: PAGE
TH, WITH THE STATE
ATTEMPTE, MARYLAND, 212(Silver Spring, 13908 Northgate Dr., home ny described above, held an 22a. I certify that I taak charge of the remain Inspection Inquiry and in my apinian Hamicide X death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 1/5/87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 35816 Burial 1 - 8 - 1987Gate of Heaven Cemetery Silver Spring Montgomery 07/84 25M 24. FUNERAL DIRECTOR 11800 N.H. Ave., **DHMH - 17** Hines / Rinaldi Funeral Homes (VR A15 ME (5)) Silver Spring, Md.

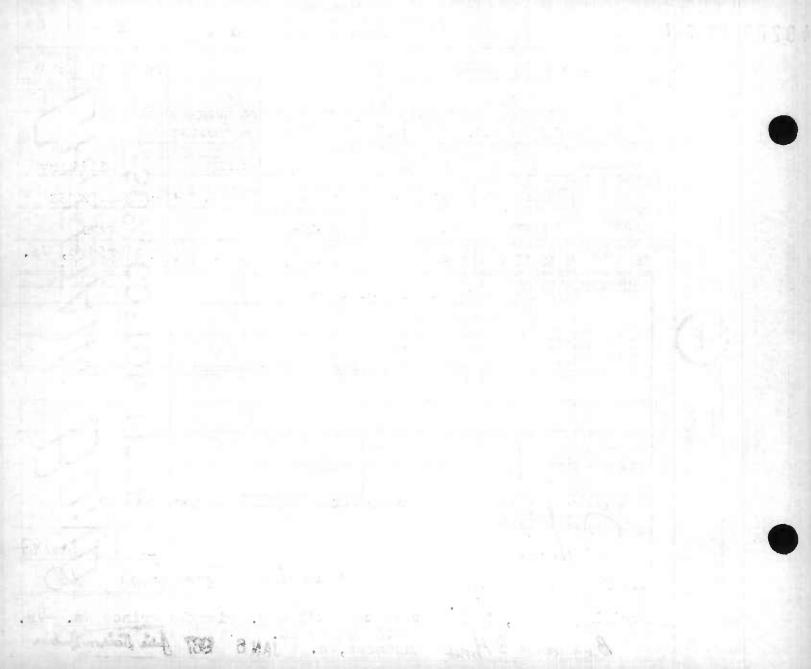


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE +) STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I. DECEASED NAME MONTH 76 HOUR (TYPE OR PRINT) CARMELO 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) WHITE 99 BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Nabisco 14643 Bayer Drive -20853 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Zappula Cianca Nancu ADDRES 10804 Keller Street 17 INFORMANT IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I LIF YES GIVE WAR OR DATEST O Salvatore R. Cianci, son Silver Spring, Md no 18 CAUSE OF DEATH (Enter only one couse per his PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC. NOT WHILE 220.1 certify that (ly(this hospital) attended the deceased from our) opinion death occurred on the date and hour and from the causes stated DEGREE 23a BURIAL CREMATION, REMOVAL Burial Gate of Heaven Cemetary Silver Spring Montgomery Md. Jan. 22.1987 Francis J. Collinspre-Ir. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blvd. West. Silver Spring. Md.

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The L. Toler with J. A. J. Landbour . I m'dl



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR LDECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Ledla larke 6 AGE (IN YEARS | IF UNDER) YR IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 95 92 YRS DEAD 76 CITIZEN OF WHAT COUNTRY 9 RALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington. D.C. DIVORCED IR CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Secretary -Fed. Gov t. Suburban Hospital Bethesda ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20015 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 7212 Chestnut Street Maryland Montgomery Chevy Chase 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Havden Cora Cash Edward 17. INFORMANT 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3300 - 25th Ave. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 215-46-2035 Elizabeth Drury Yes Temple Hills. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF anterio Sclerosic Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [DEPARTMENT C RDED TO THE C 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK ULD BE FORY 22a I certify that I took charge of the remains described above, held on Undetermined manner death resulted from: PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, 18 ACTUAL SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Burial 1/31/87 Mt. Olivet Cemetery Washington. 07/84 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH - 17** Residen Bono George P. Kalas Funeral Home Oxon Hill, Md. FFR (VR A15 ME (5))

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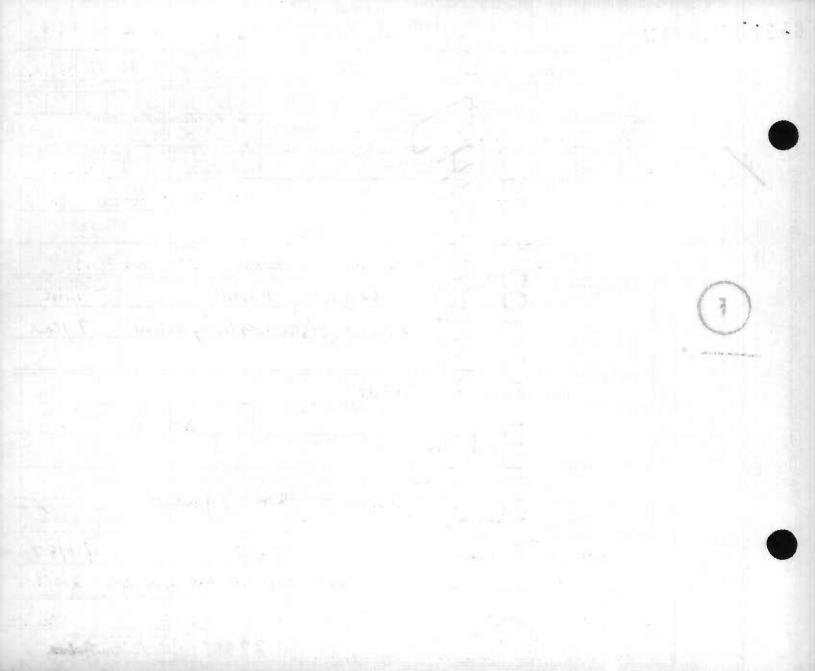
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STATE OF MARYLAND

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A		ashington, D.C.	u.s.		MARRIE	NEVER MARRIED DIVORCED	Montgomery							
	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION ATTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
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ú		gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									9			
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	NO.	Curcin ma of Prostate												
7	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO							
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	110110		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18	PART I OR P	ART 2)				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.		19			_						
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		220.1 certify that (I) (this hosp	ital) attended th	e decented from	Aug	ms 10 84	- beaut	_	10		that (I) (y	hilare		
		sow the deceased alive or	3 July	19 8	7-7	nd that in (my) (our) opinion	death occurred on the date o	nd ho	ur and fro		. 1	ted		
		obove, (I) (we) (did) (did no 226 SIGNATURE)	of) view the body	offer death.		DEGREE	100		220	DAJE	SIGNED			
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133	Maryland	ING HOME OR OTHER INSTITUTION 13b. COUNTY Montgomery	13t. CITY OR TOW Rockvil	le	36 INSIDE CITY LIMITS?		ADDRESS / ZIP Crawfor	code d Driv	e 2085	51
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o and o Pages	NO WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	212 54 13	1	Helen M. C		ADDRESS fe) 13202 Md 2		orook :	Pkwy.
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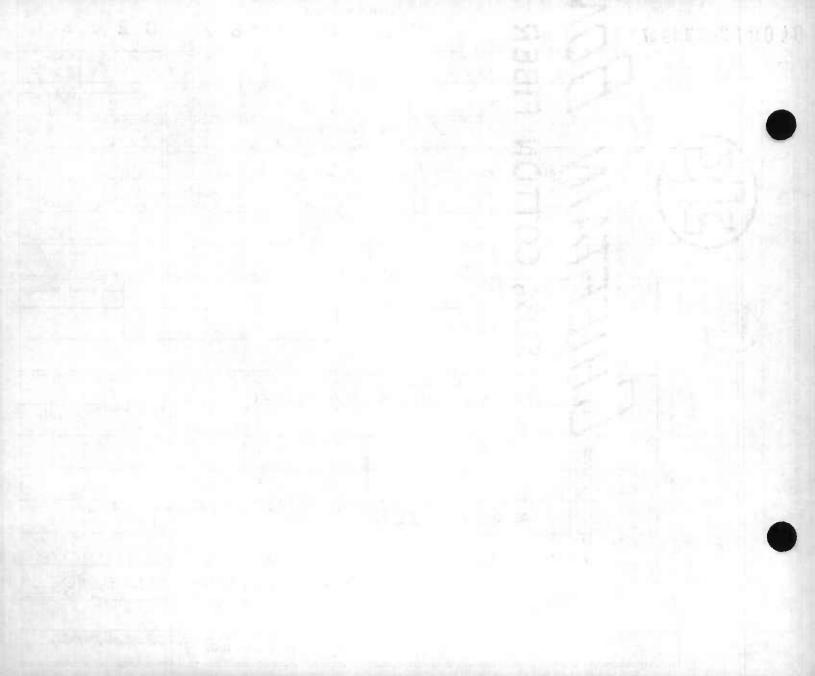
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M	18-	REGISTRAR	DET	CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	MIDDLE	l.	AST //	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR					
	(TYPE	EVVA	Smith		Cobb		1 - 11-	87	3:45 PN					
	3. SEX		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRT		NDER ! YEAR	IF UNDER 24 HRS					
		F	W	MONTH	16 1900	86	YRS	THS DATS	HOURS MIN.					
		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUN	VTRY? 8	D MENTER WARRIES D	9 BALTIMORE CITY O	R COUNTY OF	DEATH						
1		OUNTRY) N. V.	U.S.0	WIDOWE	D NEVER MARRIED DIVORCED	Mon	taone.	7	MD					
-d	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME		12e USUAL OCCUPATE	SN M	ZW KIND O	F BUSINESS OR					
	CI.	1 Cours All	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	1400	(TYPE OF WORK FOR MOST O	7	NDUSTRY						
~	JISTIA	LABSIDENCE IT TURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	F BEEODE ADMISSION	y bone	LELAN DO	/- Acc	ounta	nt					
5	13a S	TATE 136 COUN	YTY 13c CITY OF		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ \ / \ /		(090)					
-	14 FA	THER'S NAME	12 may 121100	Spran	15 MOTHER'S MAIDEN NAM	11 11 1 1 1 1 1 1 1 1 1	1 2		10-102					
5	1		MIDDLE SM	"ITL	Sarah	WIDDIE		LIAS	305					
1		AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRE			3					
1	(Y		E WAR OR DATES	10 10 10 10 10 1 1 1 1 1 1 1 1 1 1 1 1										
		Uninun	520-1	1 7971	Ms. Jean Kos	ta Silver	spring,							
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one cause per line for (a), ((b), and ic		L		BETWEEN	MATE INTERVAL ONSET AND DEATH					
110	5		TE CAUSE (a) Carchic	- respir	atory dire	257								
			DUE TO, OR AS A CON	SECULENCE OF	THE WORLS									
		Conditions, if ony, which												
		gove rise to immediate												
		couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF										
34			((c)											
	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	2	Semle Dementia of the Alzheimer Type.												
7	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?						
/	E					YES NOT								
	*	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE		Y IN ITEM 18 PART I	OR PART 2)						
1		OR CONTRIBUTING CAUSE OF DEA	ATTA	H DAY YEAR	5 3 3 3 3 3 3									
	2	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION									
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM ETC)	STREET	CITY OR TO	CITY OR TOWN COUNTY STATE							
	100	22a certify that (I) (this hospi	tal) attended the decored	um Or	tober 10 86	o to Four	2574 10	87	*h=+ (1) (1) -3 1= -4					
		saw the deceased alive an		61	nd that in (my) (our) apinion of				that (I) (we) lost					
		above, (I) (we) (did) (did no	t) view the body after death.			dealli accorred all the ac	ne and nour an							
		276. SIGNATURE	446		DEGREE			22c. DATE	SIGNED					
		- / come	2. MD		ATTENDING PHYSICIAN	MEDICAL STAF		1-11	-87					
1		224 PHYSICIAN'S NAME ITYPE O	R PRINT)		22e ADDRESS		Q. U.		11					
1		TEDE, HOW	e MD		18201 MARD	EN LANE,	OWE	Y, 1	20332					
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION								
	1	Removal	1-12-87			CHTORTOWN	CC	PINUC	STATE					
	24 FU	INERAL DIRECTOR			25a, QATI	E REC'D. BY REGISTRAR	256: REGISTRAR	SSIGNU	URE OF					

Balto., Md.

Anatomy Board



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	· Ban	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	٥.					
		CRASED NAME FIRST PROPRIET RENEE		MIDDLE	сон	en En	JANUARY	MONTH 1	1987	4:00 AM			
	3 SEX					DBER 0414, 1903	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	HOURS MIN.			
7		RTHPLACE (STATE OR FOREIGN USSIA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O MONTGOMER	COUNTY COUNTY	OF DEATH	MD.				
1		TY OR TOWN OF DEATH ETHESDA		HOSPITAL, NURSING PAYBURN IN RO		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THOUSEWIFE	ON F WORKING LIF	12b. KINDYO	HOME			
4	130 N	RESIDENCE (IF NURSING HOME OR PARYLAND MONTO	OTHER INSTITUTION SOMERY	YESXX NO	adag milimitali main agand								
X		THER'S NAME BARNET	MIDDLE	ROSENBER	RG .	MARSHA	WE		PINO	eus			
		VAS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	095-12-3	3266	ARLENE MAGE		9 ARAYBURN ROAD HESDA, MARYLAND					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY E CAUSE (o)	Carrier to , (b) and	Less	biratory !	arrest		BETWEEN	MATE INTERVAL ONSET AND DEATH			
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Due to, or as a consequence of the property of											
	CERTIFICATION	Qualitate of Operation		lletus Ition for which (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES				
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO F	PART (OR PART 2)				
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET FACTORY, OFFICE, FA	RM ETC]	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		220.1 certify that (1) (this hosperson the deceased alive an above, (1) (wertald) (did no	12	18 19		nd that in (my) (our) apinion of	death accurred on the d	nd and hou	ir and from the				
		226 SIGNATURE	L. Be	ender		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
		CAROL L. BE	NDER, M.			276 ADDRESS 11510 OLD GEORGETOWN ROAD ROCKVILLE, MARYLAND							
		URIAL, CREMATION, REMOVAL BURIAL	1/4/	1987 KI	AME OF C	VID MEMORIAL	GARDEN OF IFAL						
		OUNALUS ON STEIN				TOTE HOME	RECD. BY REGISTRAR	255 REGIST	RAR'S SIGNAT	URE			

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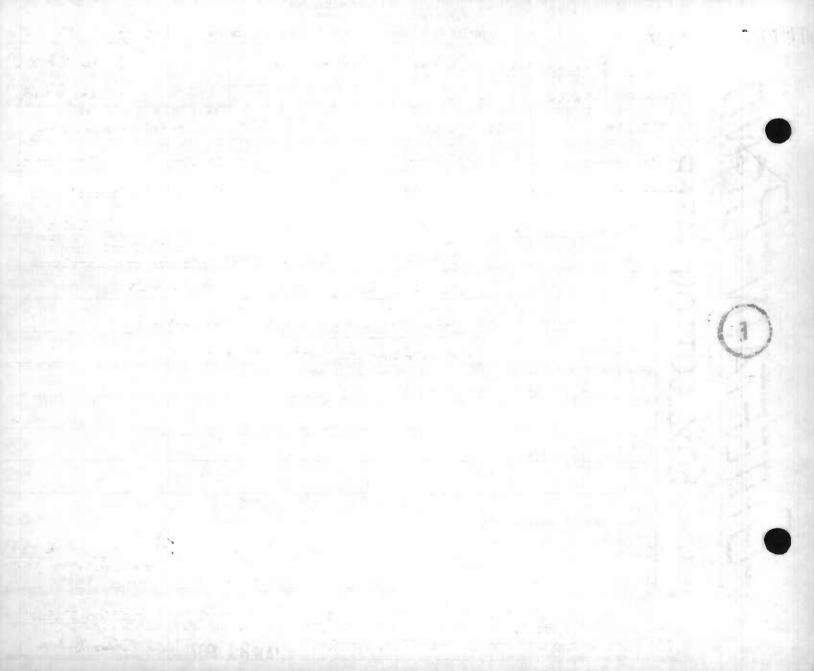
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morked or Item 18

MPORTANT: If Item 21 is



STATE OF MARYLAND - STATE CREGISTRAR F-DECEASED NAME 20 DATE KNOWN T (TYPE OR PRINT) OF ESTI-Sr. DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male White 55 YRS DEAD 13 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TILINOIS United States WIDOWED X DIVORCED Lownord CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Sanitation City Gov't 38 Benji Court Gaithersburg JSUAL RESIDENCE (IF IN NURSI 13d. INSIDE LITY LIMITS? 13e STREET ADDRESS COUNTY 13c. CITY OR TOWN Illinois Vermilion Danville 1707 East Main Street/61832 ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Elkins Cole M. Ruth Ernest 17. INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 38 Benji Court 20877 (YES, NO, OR UNKNOWN) 324-24-8180 No Ida F. Weaver Gaithersburg, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which mintestinal gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Cirrhasis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in hysema 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 1 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY ZIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Homicide death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME ADDRESS 8218 WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Jan 19,1987 Atherton Cemetery Danville. Removal Vermilion Illinois 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 300 West Montgomery Avenue Rockville, Maryland ilia Davidson-Randale (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 26. HOUR otherine C. dauhau 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HE 3. SEX DATE OF BIRTH Sept. 26, 1910 Female Caucasian 76 To BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED United States | WIDOWED New York 12h KIND OF BUSINESS OF M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Secretary INDUSTRY Rockville vertise Hos School Board USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY A-104 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 19319 Clubhouse Road/20879 Montgomery Marvland Gaithersburg YES X NO F FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST William Bridget Canton Cantwell ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO Same as # 13. 114-16-8120 Joseph Colguhoun No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if onv. which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE INDITION FOR WHICH OPERATION WAS PARFORMED IN CERTIFYING CAUSES OF DEATH? 21s. ACCIDENT WAS UNDERLYING. 218 TIME OF INJURY THE HOW INJURY OCCURRED | LINES NATURE OF PLANT IN THE IS PART | DRIVABLE HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING THE CAUSE OF DEATH OF ETHER NOTIFY MEDICAL EXAMINERS P.AA. 711 LOCATION 214. INJURY OCCURRED 71e PLACE OF INJURY COUNTY AT HOME STREET FACTORY OFFICE FARM ETC. 22s I certify that (II/(this hospital) after in (my) (mir) opinion death occurred on the date and how and from the 77h SIGNATURE DEGREE ATTENDING AF MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 27e ADDRESS Richard C. Myers, M.D. 8512 Old Georgetown Rd. Bethesda, Maryland 73s BURIAL CREMATION REMOVAL 23: NAME OF CEMETERY OF CREMATORY 73M LOCATION COUNTY Jan. 22,1987 Holy Cross Cemetery Buffalo 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA'So DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 300 West Montgomery Avenue Rockville, Maryland

(VRA 15. 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 34

- STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH MONTH DAY 2b. HOUR Geneva Cook (TYPE OR PRINT) 4:35 DENEVA 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX WHITE MONTH Female September 8, 1905 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED COUNTRY United States WIDOWEDXX DIVORCED [Montgomery County Arkansas NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Grovesnor Health Care Center Bethesda Housewife Own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3610 Albemarle Street, NW NOF Washington, DC YES X 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME AND DIE LAST MIDDLE FIRST Rollins Watson John Henry Myrtle Anne 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 3610 Albemarle St., NW LYES. NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST 430-68-9761-D Frances C. Gemmill, Washington, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter deaff 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN January 8, 1987 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e. ADDRESS 23e BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN STATE Pleasant Grove Cemetery Arkansas 1-12-87 Burial cove, 24 FUNERAL DIRECTOR Richard Rapp, Inc 25a. DATE REC'D. BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE produce Kindres

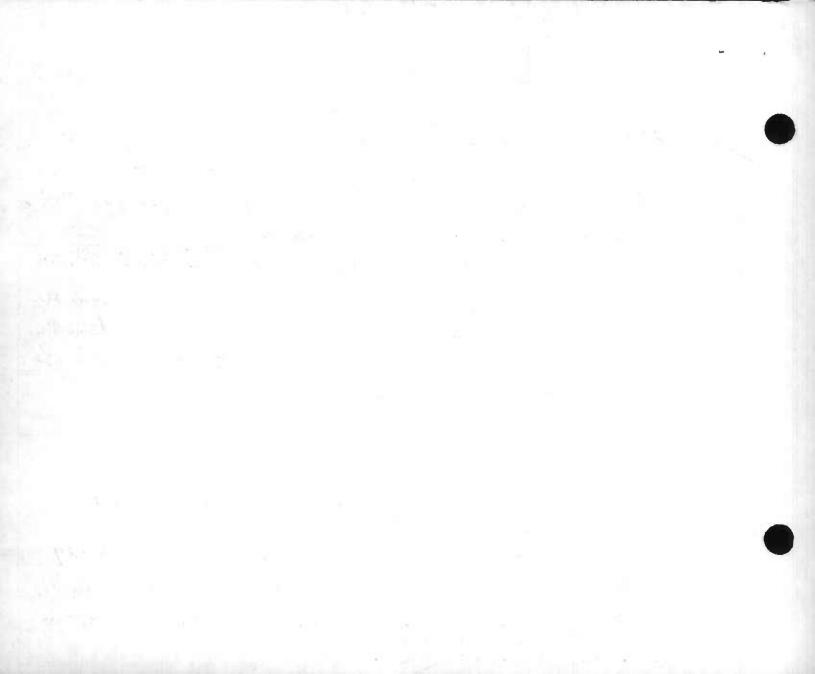
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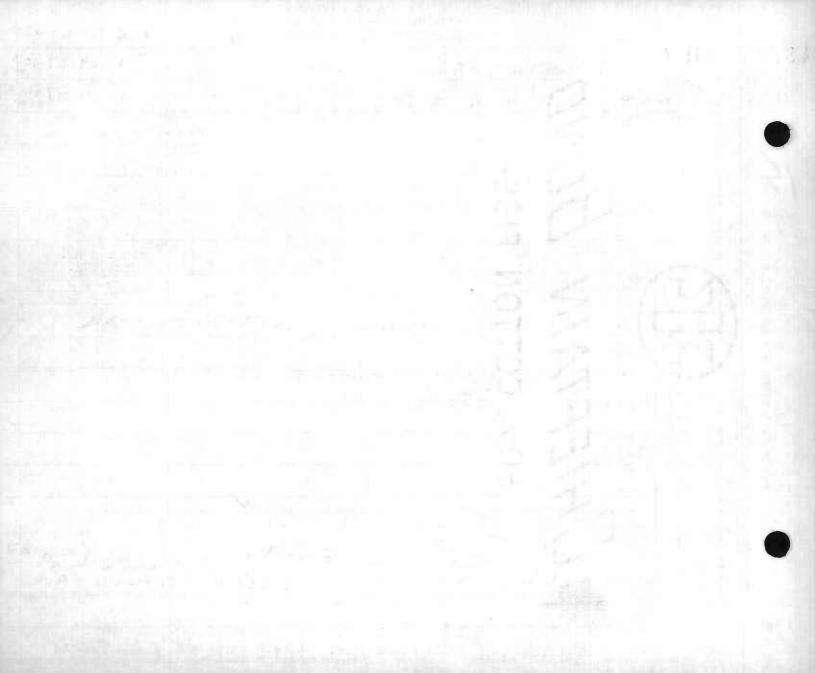


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR LIVPE OR PRINTE Kathryn Corlev January 4, 1987 9.35 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR Female March 20, 1925 Caucasian BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED XX WIDOWED Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 01nev Montgomery General Hospital Switchboard Oper Car Dealership SUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 10925 Bond Street Maryland Pr. George's Adelphi 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IDIDI E LAST MIDDLE William Carter E. Mary Howes 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 14100 Town Farm Road 20772 LIE YES GIVE WAR OR DATEST 77-26-5208 Beverly J. Johnson Upper Marlboro, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY 1 week SEPTREMINICO IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Renal Farture 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2/24/86 RENAL FAILURE NON 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 20 COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE December 24 JANHANY 22a.1 certify that (1) (this hospital) attended the deceased from, January 4 87 ___ and that in (my) toon apinian death occurred on the date and hour and from the causes stated saw the deceased alive an abave, (1) (ma) (did not) view the bady after death 226 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS BARRY HECHY 3941 FERMANA LIMEARON, MED 20006 SMUVE 0 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN BP 1987 Forest Oak Cemetery Gaithersburg, Montgomery, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Road DHMH - 16 60M 7/84 Beall Funeral Home Bowie, MD 20715-3043 (VRA 15, 4)

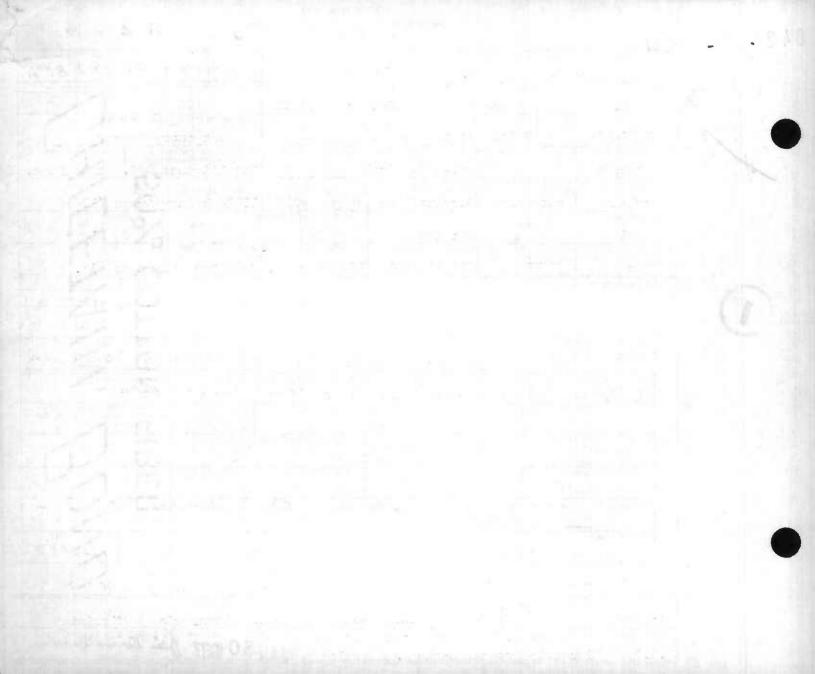
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN NO MONTH 103 ESTIwillam 40 NNET DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS DAY IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 18 68 DEAD YRS Te BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Minnesota U.S.A. WIDOWED L DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Bethesda Suburban Hospital Capt. U.S. Navy Defense SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Fairfax Falls Church Virginia NOXX 2403 Lexington Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST FIRST William Mabel Sivigny Cramp 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2403 Lexington Rd. 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) W.W. 475-01-5206 Marion F Cramp Falls Church, Va. 22043 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY J-440 3 DUE TO, OR AS A CONSEQUENCE OF consoleros Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE, WRITING THE WOR RWARDED TO THE CH R PAGE 3 SHOULD BELL STATE DEPARTMENT NO IL 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIX BALTIMORE, MARY IAND, 5. 220 I certify that I took charge of the remains described above, held on Autopsy Notural causes Undetermined manner SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Buria1 National Cem Arlington Arlington. 24 FUNERAL DIRECTOR **DHMH - 17** Murphy Falls Church F.H. Falls Church, Va. (VR A15 ME (5))

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) poge Evelvn Crook January 8, 1987 11:50 M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White July 15. 1894 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Iowa United States WIDOWEDXX DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington Sociology Professor Kensington Gardens Nursing Home Smith College SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE #226 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 10000 Brunswick Avenue Maryland YES X NO [Montgomery Silver Spring 20910 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST (Unavailable) Buchan Unavailable 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 7414 Wilhelm Drive HE YES GIVE WAR OR DATES) No 053-32-7266 Lillian A. Lee. Lanham, MD 20706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY minites Cardina arrhythma PRESTON ST IMMEDIATE CAUSE (0)_ Incheme heart dresses Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Generalized atheroselestic coordinaciles disease were. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TERMINAL DISEASE OR CONDITION GIVEN IN PART LIA Ashaers and right hemmalagea 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIN YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 218 PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AL WORK ententra to January 8 1985 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL FUNERAL old be deto 9 MO PHYSICIAN PIDIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME THE GREENIL 22e ADDRESS 911 North Russell Avenue IMPORTA Gaithersburg, 20879 Show with Byrl D. Johnson, M. D. 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN BP Cremation 1-9-87 Metropolitan Crematory Alexandria, Virginia 74 FUNERAL DIRECTOR Richard Rapp, Inc. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 rea Davidson. Pandres

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(VRA 15, 4)

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STATE OF MARYLAND

Annapolis, Md.

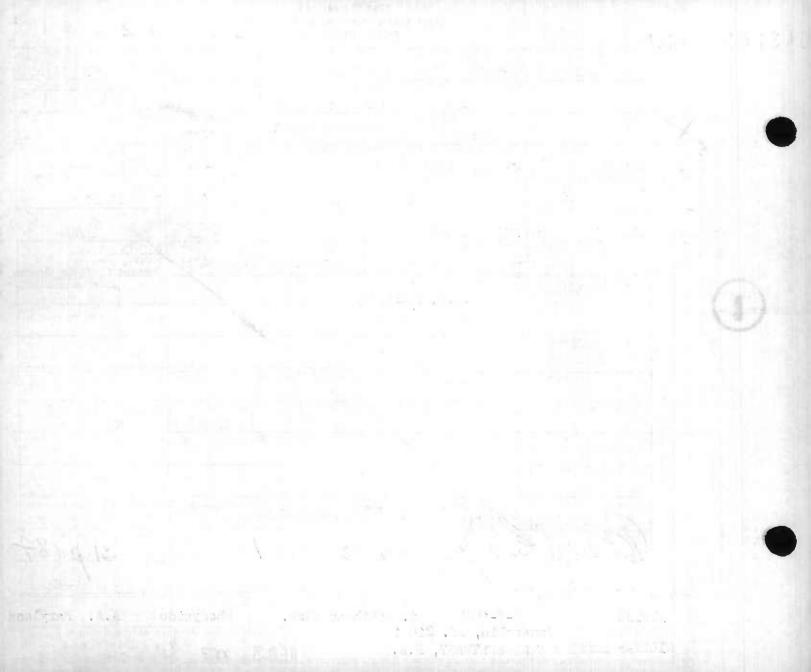
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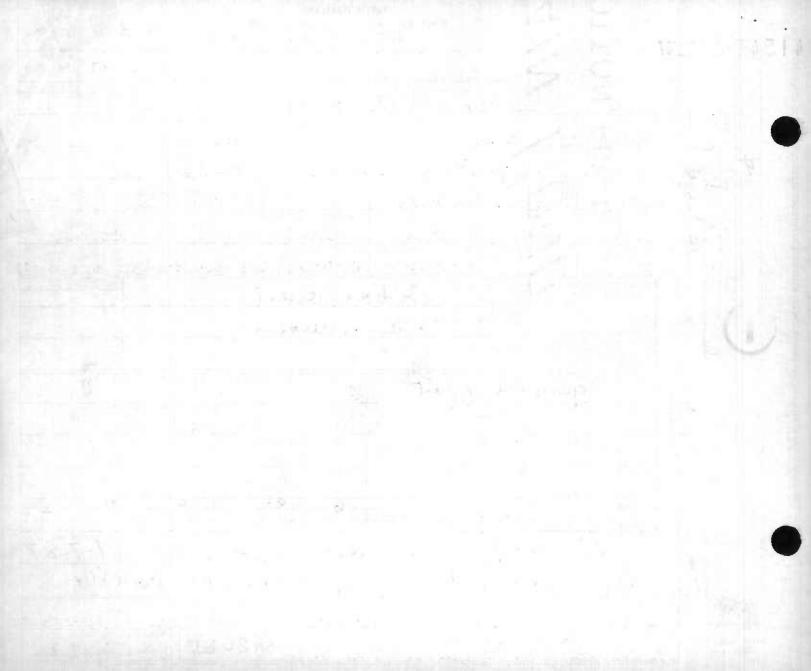
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STATE OF MARYLAND

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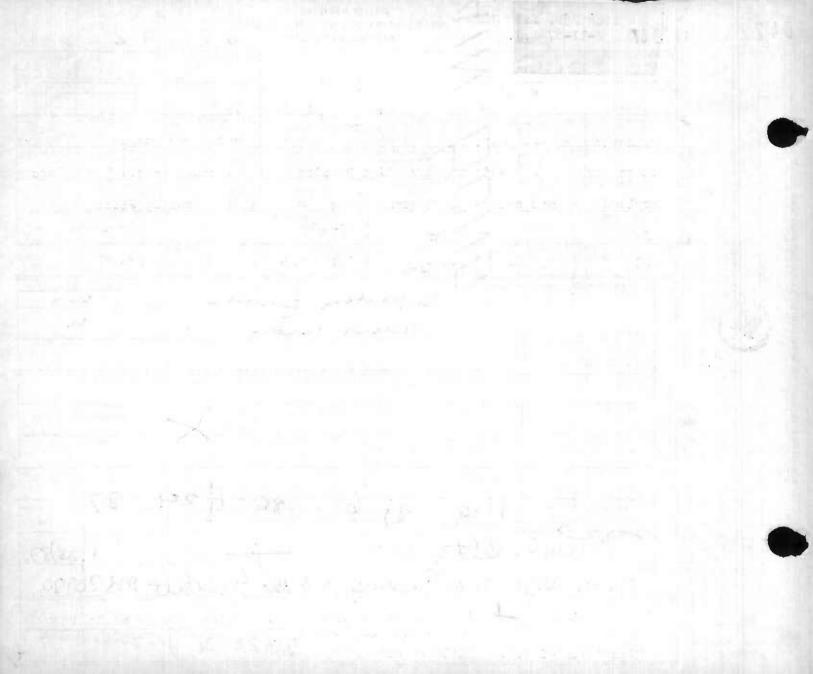
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO A. Landinburg DECEASED NAME TO DATE OF DEATH YEAR 2b HOUR (TYPE OR PRINT) P. m Margaret 5. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Kemale Feb. 1894 Caucasian To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Arizona WIDOWED DIVORCED Montgomery NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Potomac Valley Nursing Home Mid-wike Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 1 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 796 Nelson Street 20850 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST John Berger Caroline Obermousser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) granddaughter 181-10-5909 no Christine Adams same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } WHILE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 2-18 🕉 🧲 , and that in (my) (aur) apinion death accurred on the date and have and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHY SICIAN'S NAME (TYPE OR BRINT) should by 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Jan. 12. 1987 Mt. Peace Cemetery Philadelphia Pennsulvania 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/B4 ulia Livideon Lundars (VRA 15, 4) University Blvd. West. Silver Spring. MD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 7 REGISTRAR REG NO. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) orence IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 1895 Januaru In BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED Montgomery Vashington, D.C. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Veterans Carriage Hill Nursing Home Silver Spring Attorney 136 COUNTY 13e STREET ADDRESS / ZIP CODE n/a Washington.DC 30th Place. 5453 nla 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Danaher Patrick Cusick Mary ADDRESS 3901 Lantern Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT Nephew (F YES, GIVE WAR OR DATES) Silver Spring. Md. 20902 577-60-2807 Walter H. Cusick No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for 1924), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave. (II) we) (did) (did nat) view the body after death. and that in (my) (aur) opinian death occurred on the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Jan. 14. 1987 Mt. Olivet Cometery Washington. Francis J. Collins Jr. DHMH - 16 60M 7/B4 dia Davida (VRA 15, 4) 500 University Blud W. Silver Spring.

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The or to injury	CERTIFICATION					V 33					33	7 13 17
s be	CAI	19a DATE OF OPERAT	ION	196 COND	96 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?				USED DEATH?
She ho	RTIF					31/304		YES	N	YES		10 🗆
SOTE		710. ACCIDENT WAS UND		716. TIME C	OF INJURY .M. MONTH	DAY YEAR	71c HOW INJURY OCCU	JRRED (ENTER	NATURE OF ITE	M 18 PART 1 OR F	PART 2}	
S certification of Item	MEDICAL	(IF EITHER NOTIFY MEDIC	(ALEXAMINER)	P.	M.	19						
this he bound M	AEDI	214 INJURY OCCUR			OF INJURY	FFICE, FARM, ETC.)	711 LOCATION STREET		CITY OR TOWN	COL	unty .	STATE
fter os th os th or he	-	AT WORK NOT WH	RK	1.1			1	_	1721	0	7	
USe USe Is most		220 I certify that (1)	(this hospite	ol) attended th	e deceased for		19_2	<u>6</u> , 10	1 2	19.0	8	t (I) (we) lost
CTO I for of l		sow the dechod	ton bib bil	view the body	ofter death.		d that in (my) (our) apinio	on death occu	rred on the date on	d hour and fr	om the cous	ses stated
DIRE oched Dept F Hem		22MENONA URE	J 1	\ MIA	1		GREE	MEDICA	AL STAFF	770	t. DATE SIG	NED
deto deto		1 110	in i	, Me	19 4				OR PHYSICIAN		1/8	2/8)
Bra Sel		27d. PHYSICIAN'S NA	ME (TYPE OR	PRINT		n 10	22e ADDRESS	J a.	10 1000	00.1	200	n k
O Fur hoods this the		MUCHEN	1 mf	112 7	222	plenwi		V ZU	unolly	orka	201	10
A 9 3 S		URIAL, CREMATION,		236. DATE	4		EMETERY OR CREMATOR		CATION	COUNT	TY	STATE
		Bur	ial	10/28			f Heaven Cem	· Si	lver Spri	ng Mon	itgome	ry MD
MH - 16 60M 7/84	24 FU	JNERAL DIRECTOR			11800	New Har	mpshire A250 D	ATE REC'D B	REGISTRAR 756. RE	GISTRARS	IGNA URE	dath
(VRA 15, 4)		Hines/Rin	naldi	F.H.	Silve	er Sprin	g, Md JA	MAG	1001			



040985	14.	STATE 7		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	2 3	3.
60 be		CEASED NAME FIRSTO	live	rcia	7	Davies		MONTH DAY	1987	26 HOUR
moy	3. SE		4. RACE Black	,	5. DATE C		6. AGE IN YEARS LAST BIR	(HDAY) IF U	INDER I YEAR	IF UNDER 24 HI HOURS MI
197	-	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF Engla	what country?	8	NEVER MARRIED	9. BALTIMORE CITY O	_	DEATH	ntv
1.48	10 0	ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF OF WORK FOR MOST OF OFFICE OF MOST OFFICE OF OFFICE O	ON F WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS
1135	130	AL RESIDENCE (IF NURSING HOLE C STATE 13b. COL aryland Mont	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS / 5 Dunsinar	ZIP CODE	Self-emp	20906
1850	14. F	ATHER'S NAME FIRST William	J. B.	KariKari		15. MOTHER'S MAIDEN NAME FIRST EMMA			Carde	
on ond ce s. Poges I.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	166 SOCIAL SECUR 217-70-3		17 INFORMANT Beryl I Karik	ADDRE	as 13	Carae	
physics on poper emp-ol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED 8Y: ATE CAUSE (o)	PANCE		Concon			APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEAT
or other trafficition		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	R AS A CONSEQUEN	NCE OF					
Deen gare not find a my injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, W		C HeFp
10 100	RTIFIC				J E KATIO		YES 🗆 🗡	YES	G CAUSES O	F DEATH?
Cartifica Cartifica Cartifica Aemiol 15,	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	EATH HOUR A./	M. MONTH DAY	YEAR	21c, HOW INJURY OCCURE	ED (ENTER MATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
After the	MEC	21d. INJURY OCCURRED WHILE NOI WHILE AT WORK		EET, FACTORY OFFICE, FAR		21f LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
ATTENDO		220. I certify that (1) this hosp sow the deceased alive a above, (1) Decyldia (did no 22b, SIGNA URE	ot) view the body	ofter death.), on	d that in (our) apinion of	death occurred on the do	te and hour one	d from the co	
ANT HE		22d PHYSICIAN'S NAME (TYPE	Bon (D)		n		MEDICAL STAF	F AN 🗌	22c. DATE SIG	J&
TO HOST	772. (Roses	Boccit	1			Sumá La	Ro	curille	
BP		Cremation, REMOVAL SPECIFY) Cremation JNERAL DIRECTOR	1-13-8	7 Ced		METERY OR CREMATORY 11 Crematory	Suitland,	Maryl	and	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	44. 1	1804 T Street,	ard Rapp	, Incomess shington.	DC	1 2 2 2 2	1 6 1987	sh registrar	0.17%	0

STATE OF MAKTLAND

